



UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE

United States Army Aeromedical Support to African American Fliers, 1941 - 1949: The Tuskegee Flight Surgeons

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PREFACE

This history of the Tuskegee flight surgeons is a companion work to a history of American Army and Air Force flight surgeons during the 20th century.¹ That work traced the doctrine and practice of aeromedical support from medical officers in the Aviation Section of the U. S. Army Signal Corps at College Park, Maryland in 1911 to flight surgeons in the Army Air Corps, the Army Air Forces and finally the U.S. Air Force. Necessarily a longitudinal overview, the first report did not focus on individual flying units and made only brief mention of the contributions of African American flight surgeons.

The current report represents the first published history of ongoing aeromedical support by a few physicians to one group of pilots from training through duty assignments, deployment, combat operations, redeployment, peacetime service and disbandment. The reader may not be familiar with the interlocking roles of a flying unit commander, the unit flight surgeon, and the aeromedical authorities in the military chain of command, so these issues are presented in some detail in the first few chapters. Air Force doctrine includes the idea that the flight surgeon should be an integral part of the flying organization rather than of the military hospital system. The usual assignment of any active duty unit member – whether commander, pilot or flight surgeon – lasts from two to four years. Service personnel move because of promotions, service schools, career opportunities and, above all, because of the needs of the Air Force. Thus, ‘unit integrity’ is a fluid matter indeed except within some more stable Air Force Reserve and National Guard squadrons.

In this respect, the experiences of the African American flying units – the Tuskegee Airmen – during and after World War II represent a unique aeromedical situation, one that will probably never occur again. Approximately a thousand Tuskegee-trained pilots and seventeen flight surgeons served together at home and abroad from mid-1941 through July 1949. Six flight surgeons – Maurice C. Johnson, Vance H. Marchbanks, Jr., Harry Anderson, Bascom C. Waugh, William K. Allen and Arnold J. Maloney – lived under field conditions with the Tuskegee Airmen in the 99th Fighter Squadron and the 332nd Fighter Group during combat operations in North Africa, Sicily and Italy.

Strict racial segregation in the Army Air Forces before and during World War II required the development of separate African American flight surgeon support for men trained from entry into preflight ground school until graduation with pilot wings at one location: Tuskegee, Alabama. As the Airmen were unique in U.S. military history, so were their physicians. The deeds of the Tuskegee Airmen have been recognized and honored many times. The names and accomplishments of the pioneer African American flight surgeons serving with them have never been collected into one report.

In a larger sense, the work of the Tuskegee flight surgeons reflects the role of African American medical practice and the entire traditionally black educational system during the Jim Crow era of legal and social segregation. Most African Americans with professional training attended the same undergraduate and graduate schools, including Meharry College in Tennessee and Howard University in Washington, D.C. Indeed, many black physicians-to-be grew up in and around Washington, graduated from Dunbar High School there and went to college and medical school at Howard. For the most part unable to turn outward to acceptance in mainstream America, these men and women turned to each other for mutual support in a tightly woven network of formal education and association as well as more traditional social settings. Fewer ‘degrees of separation’ existed within black America in the first half of the Twentieth Century than within white America. An active and vocal black press kept African American citizens informed across the land. Black pilots

¹ Jones, David R., Marsh, Royden W. Flight surgeon support to United Air Force fliers in combat. 2003. Technical Report SAM-FE-BR-TR-2003-0001. Brooks City-Base, TX: USAF School of Aerospace Medicine.

flying fighter planes in Alabama skies rapidly began to symbolize the efforts of African American citizens to become full participants in the war against the Axis powers.

Armed services are socially conservative in their nature, but they are directly under governmental control and oversight, and they obey orders. Though actively and passively resisting racial equality in the 1940s and 1950s and gender equality in the 1970s and 1980s, still the U.S. military still led the rest of the nation in accepting government doctrines and directives in these matters. Matters that Americans now take for granted – all races serving together, men and women in combat together – did not instantly occur with the stroke of a presidential pen, but it did occur and it has influenced the nation. Success in racial integration flowed from the military into civilian life. Army posts, Navy ports and Air Force bases in the Deep South desegregated long before their neighboring civilian communities.

Although this history focuses on flight surgeons, it also offers some explanation of larger national and international affairs to those unfamiliar with World War II and the early Cold War. The general organization of each chapter includes comments on the status of World War II, national influences, larger military campaigns, unit movements and achievement along with the aeromedical aspects of the Tuskegee-trained squadrons and groups. Medical and military terms, abbreviations and acronyms are explained in some detail when first presented, and a glossary is provided for reference.

Background materiel is also provided for terms and concepts of the World War II era that may now seem obscure or confusing. In particular, the recurrent emphasis on venereal diseases (VD) may appear somewhat quaint or pejorative. One must remember that in the 1930s and '40s, physicians had no penicillin to treat syphilis and gonorrhea, which ranked with tuberculosis, measles, mumps, scarlet fever, meningitis, typhus, typhoid, malaria and other infectious and contagious diseases as serious threats to military manpower. Being a moral issue as well as one that was to some extent under the conscious control of the individual, VD rates were routinely presented along with accident rates, Absent Without Leave (AWOL) rates and court-martial rates as indicators of a unit's morale, discipline and effectiveness. All unit medical histories included these rates, which are the only comparative statistics easily available to the investigator in an archive. Appendix IV contains more information on this subject.

Striving to free themselves from a suppressive society, the Tuskegee Airmen and their community of supporters created a new standard of equal opportunity. The concept of one set of laws and social settings for all people extended from racial issues to equal opportunities and responsibilities for women during the second half of the Twentieth Century. Modern American military forces owe much to these pioneers, as do all citizens of the United States.

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I wish to thank the many people who contributed to this work. Co-authors Dr. Leroy P. Gross and Ms. Roslyn Marchbanks-Robinson hosted me in the Washington, D.C. area, introduced me to several veteran Tuskegee Airmen in the area and at a meeting of the Tuskegee Airmen at Bolling Air Force Base, provided references, and edited the manuscript. Ms. Marchbanks-Robinson, the daughter of Dr. Vance H. Marchbanks, Jr., arranged a teleconference interview with her mother, Mrs. Lois Gilkey Marchbanks, to whom I am grateful for her gracious and candid recollections of her husband's experiences, and full of admiration for her remarkable memory.

The staffs of the U.S. Air Force Historical Research Agency and the Air University Library contributed professional expertise and personal initiative to my work in their facilities during the past several years. Col. Roosevelt Lewis (USAF Ret.), the Fixed Base Operator of the Tuskegee Airport, formerly Tuskegee Institute's Moton Field, met my wife and me at the Airport and took us to the campus of Institute, providing background data based on his lifelong interest in the Airmen. Brig. Gen. Marion Mann (USA, Ret.), Col. Elmer Jones (USAF, Ret.) and William F. Holton, National Historian of the Tuskegee Airmen, Inc. gave interviews to Dr. Gross and me about their experiences with the Airmen. I have identified some of that information in footnotes, but their impressions and descriptions permeated the history too fully to identify each of their contributions in detail.

Ms. Joan Hyatt has monitored the progress of this work for several years through the lenses of her experience as historian, archivist, librarian, editor and my wife. Her endurance, encouragement and suggestions made the book possible, and I thank her. Together we traveled to Tuskegee to visit Col. Lewis. Later, we met some of the Tuskegee Airmen at Roosevelt's Little White House in Warm Springs, Georgia at the invitation of Ms. Nancy Simko, who portrays Eleanor Roosevelt for the Georgia Park Service there. Thanks to Ms. Simko for her interest in defining Mrs. Roosevelt's part in this story.

Most of my life has been concerned with professional military and civilian aviators. I have met many of the Tuskegee Airmen while working on this story, and am pleased to report that they radiate the hardiness, candor, resilience, intelligence and clear-eyed realism of the fighter pilots with whom Dr. Gross and I worked and flew in a later era. The Airmen were cordial and helpful to us, as they are to the many people whom they meet each year. My admiration for their achievements has grown as I learned more about the challenges they overcame in the military and at home. I hope this history adds a bit to the public's understanding of the achievements of the physicians who worked alongside them.

David Randolph Jones
December 23, 2006

GLOSSARY

AAC	Army Air Corps (before 1940)
AAF PTU	Army Air Field Pilot Training Unit
AAF	Army Air Forces (after 1940); also Army Air Field (before 1947)
AAFBTU	Army Air Field Base Training Unit
AAFBU	Army Air Field Base Unit
AC	Air Corps
AFB	Air Force Base (after 1947)
AMA	American Medical Association
AME	Aviation Medical Examiner
APA	American Psychiatric Association
AR	Army Regulation, as in “AR-210”
AWOL	Absent Without Leave
CAA	Civil Aviation Agency; now known as the FAA
CCTS	Combat Crew Training Squadron
CPTP	Civilian Pilot Training Program
CTU	Cadet Training Unit
D.D.S., DDS	Doctor of Dental Science
DC	Dental Corps
Double V	Victory abroad, Victory at home
EM	Enlisted Men
FAA	Federal Aviation Agency
FTD	Filed Training Detachment
FS	Flight Surgeon
K-rations	Boxed field rations; named for developer Ancel Keys, Ph.D.
M.D., MD	Medical Doctor
MAC	Medical Administrative Corps
MC	Medical Corps
MOD	Medical Officer of the Day
NAAF	North African Air Force
NC	Nurse Corps
NMA	National Medical Association
OJT	On-the-Job Training
ORC	Officer Reserve Corps
PRO-KITs	Prophylactic Kits, personal cleansing kits to prevent venereal disease
PX	Post Exchange, a small on-post convenience store
R&R	Rest and Recreation
ROTC	Reserve Officer Training Corps
RTU	Replacement Training Unit
SAAF FTC	Southeastern Army Air Force Flying Training Command
SE	Single Engine
TAAF	Tuskegee Army Air Field
TDY	Temporary Duty, also termed “Detached Duty”
TE	Twin Engine
TO/E	Table of Organization and Equipment (pronounced “T-O-and-E”)
USAF	United States Air Force (after 1947)
VC	Veterinary Corps
VD	Venereal Disease

V-E Day	Victory in Europe Day, 8 May 1945
V-J Day	Victory in Japan Day, 2 September 1945
WO	Warrant Officer, a rank between Non-commissioned Officers (Sergeants) and Commissioned Officers (Lieutenants)
WSTP	War Serviced Training Program
WW I	World War One (known as “The Great War” before 1941)
WW II	World War Two

CHAPTER ONE

TUSKEGEE INSTITUTE BECOMES THE CENTER OF AFRICAN AMERICAN MILITARY AVIATION

Introduction of three themes of African American rights as full citizens, as members of the Army Air Forces, and of flight surgeon support to the Tuskegee Airmen – Background of Air Corps and Air Forces mobilization in the late 1930s – African American efforts to join the Air Corps as fliers – Role of the Civilian Pilot Training Program in traditionally black colleges – Emergence of the Tuskegee Institute as the nation's primary African American aviation training center.

He [Senator Harry S. Truman] said that if we had guts enough to fly this thing to Washington, he'd have guts enough to back us. And he did just that... Chauncey Spencer.

Introduction of three themes

This history will examine three themes that influenced the aeromedical support given the pioneer African American aviators – the Tuskegee Airmen – who underwent segregated training in the U.S. and who flew combat missions in the Mediterranean Theater of Operations during World War II (WW II). *The first theme* is the struggle of the African American community to attain two explicit goals. As patriots, they sought full participation in the battle against Nazi Germany, fascist Italy and imperial Japan, the Axis powers. As citizens, they strove for their full civil rights in the face of overt and covert military, political and social opposition as the threat of war intensified during 1937-41. African Americans sought a “Double V: Victory over there, victory here” (2, p. 97; 9).²

The second theme is the developing African American presence within the Army Air Forces after 1941. The Tuskegee Airmen came to personify aspirations of black citizens for full participation in the war. Tuskegee's segregated training facility, which taught both military proficiency and flying skill, took on aspects of a national military academy: Cadets at West Point, Annapolis and Tuskegee served under identical regulations and pay scales. National segregation policies resulted in Tuskegee graduates receiving their Primary, Basic and Advanced flying training at nearby Tuskegee Army Airfield. When these airmen began training in P-40 *Warhawks* at Tuskegee, the same aircraft flown by the famed ‘Flying Tigers’ in China, African American citizens everywhere knew that black pilots were flying fighter planes in Alabama skies.

The little-known story of the flight surgeons that supported the Tuskegee Airmen is *the third theme* of this book. All African American medical officers who trained as aviation medical examiners did so as individuals through extension (correspondence) courses until 1943, when two black physicians joined their white colleagues in classes in the Army's School of Aviation Medicine at Randolph Field near San Antonio, Texas. Their training at the School was among the earliest racially integrated courses in the U.S. Army. About twenty-five African American U. S. Army Medical Corps officers served as aviation medical examiners or flight surgeons during World War II; the exact number is uncertain. Six saw combat duty in the Mediterranean Theater. Captain Maurice E. Johnson (1943-44) Major Vance H. Marchbanks, Jr. and Captains William K. Allen, Harry Anderson, Arnold J. Maloney and Bascom C. Waugh (1944-45) provided medical care to their flying units, and also were in direct command of dozens of medical support troops, ambulance drivers, administrators and clerks in an active combat theater. At times these medical officers and their troops came under attack by the enemy.

² Tuskegee Airman. Lt. Col. (Ret.) Charles P. “Pete” Haley (deceased), quoted in an article downloaded 1 Mar 2005 from http://the-leader.com/articles/2005/02/28/local_news/local01.prt.

In order to understand the roles of the Tuskegee flight surgeons in the larger African American movement, we will discuss the AAF's medical recruitment and flight surgeon programs during WW II. We will also review the Army's general operational medical programs and the clinical, environmental and preventive medical aspects of deploying a fighter squadron or group into a combat environment.

The medical history of the Tuskegee flight surgeons begins with the arrival of Dr. Maurice C. Johnson at the Tuskegee Institute in rural Alabama early in 1941 and ends eight years later when the 332nd Tactical Fighter Wing cased its colors at Lockbourne Air Force Base, Ohio in July 1949. The professional achievements these physicians, especially those who served in combat in the Mediterranean Theater, contributed greatly to the success of the Tuskegee flying units as well as to the eventual desegregation of the Medical Corps. We will follow six flight surgeons from Tuskegee to North Africa, Sicily and the Italian peninsula from early 1943 until 8 May 1945, V-E Day (Victory in Europe), and then survey their accomplishments until the formal desegregation of all U.S. armed services four years later.

Background of Air Corps and Air Forces mobilization in the late 1930s

The Air Service of the United States Army's Signal Corps had trained some 12,000 white pilots by the end of World War I on 11 November 1918. Post-war demobilization, followed by the economic depression and reduced budgets that followed the 1929 stock market crash, considerably reduced the nation's armed forces during the 1930s, including the Army Air Service. By 1939, the Air Service, now termed the Army Air Corps (AAC), consisted of some 20,000 men (about 3000 pilots), operating from 17 U.S. airfields. The AAC was 1247 aircraft short of its authorized strength of 2320. Many of the planes in its inventory were underpowered, poorly armed and obsolete (11, pp. 67ff; 12, p. iii).³

As German military power threatened Europe in the mid-1930s, American opinion split between the nation's traditional isolationism and a growing conviction that the U.S. would once again become involved in combat overseas. Congress authorized funds to expand the armed forces as the threat increased. The AAC began planning for acquisition of men and machines necessary to support the ground forces. With war looming in Europe, President Franklin D. Roosevelt called for an expansion of the AAC to 45,000 men and 6000 aircraft on 3 April 1939, with plans to produce some 50,000 aircraft per year by 1940 (12, p. iii).⁴

All flying and support personnel in the AAC were white, excepting only a few African American construction workers. Explicit military policies and regulations prohibited mingling of races in duty or official social functions, in barracks and mess halls and even in off-duty venues such as Officers Clubs and rest camp areas. Thus, training, housing and feeding African American officers and enlisted troops required segregated facilities. These existed only at posts that maintained traditionally black units dating back to the Union Army in the Civil War, such as the 24th and 25th Infantry Divisions. The famed "Buffalo Soldier" units of the American West, the 9th and 10th Cavalry Regiments, had proven their mettle with Teddy Roosevelt at San Juan Hill in 1899. African Americans "had been attempting to gain entrance to the Air Corps since World War I. Black citizens attempting to enlist in the Air Service of the Signal Corps in 1917 were informed that no colored aero squadrons were being formed 'at the present time'" (7, pp. 4, 55).

³ Data downloaded from U.S. Air Force History Support Office, 21 January 2005.

⁴ Data downloaded from www.afa.org/magazine/kiittyhawknw/1939_1943.html, and www.airforcehistory.hq.af.mil/poptopics/evolution.html, 21 January 2005.

African American efforts to join the Air Corps as fliers

After World War I, requests to establish African American flying units in the Organized Reserve of the Army were dismissed on the grounds “that no Negro officers had previously held commissions in the Air Service and that, since no Negro air units existed, there was no justification for the appointment of Negroes as flying cadets.” The War Department position specified that from the beginning of Army aviation, the Air Service and Air Corps had “gathered in men of technical and mechanical experience and ability. As a rule, the colored man has not been attracted to this field in the same way or to the same extent as the white man. Particularly is this so of aerial engineering” (7, p. 56).

U.S. military expansion in the late 1930s thus largely ignored or excluded the African American community, about ten percent of the U.S. population. As plans for the military buildup progressed, complaints from the black press (notably, the *Pittsburgh Courier*), labor leaders such as A. Philip Randolph of the Brotherhood of Sleeping Car Porters, and some black and white public officials emphasized the desire of black citizens to do their part in defending the nation.

The Chicago area had become a center for African American aviators in the early 1930s after two pioneering black pilots, Cornelius R. Coffey and his wife, Willa B. Brown, established the Coffey School of Aeronautics in Glenview, Illinois. In May 1939, the National Airmen’s Association, a flying club of some 25 black pilots, offered a \$500 donation for a public expression of their desire to fly for the military. A well-known pair of African American aviators, Dale L. White and Chauncey A. Spencer, used the funds to rent a plane for a cross-country flight from Chicago to Washington, DC. The black press publicized the purpose of the flight as an example of the desire and ability of black citizens to participate in military aviation through the Civilian Pilot Training Program. The flight, made in an elderly biplane with tandem open cockpits and only airspeed and oil pressure instruments, did not go smoothly. A broken crankshaft during the first leg of the flight forced a landing on a Pennsylvania farm. The two pilots made the necessary repairs and took to the air again. Spencer described what happened when they finally arrived in the nation’s capital, five days after taking off from Chicago:

In Washington we were met by National Airmen’s Association lobbyist, Edgar Brown, also head of the Negro Federal Employees Union. He was called “The Goat” because he was willing to take on anything or anyone. He took us on the underground train connecting the Capitol and Congressional offices. As we were getting off the electric car, Harry S. Truman, then a Senator from Missouri, came walking down the corridor. Brown intercepted him to introduce us and explain our mission to Washington. Truman was interested and in his customarily direct way asked many questions.

“What do you do?” he questioned. We explained that we were both working for the WPA [Work Projects Administration].

“So what are you doing here? Why aren’t you working today?” We told him that we had taken time off because we felt we had to dramatize the need for inclusion of the Negro in the Army Air Corps.

“Why aren’t you in the Air Corps? Can’t you get in?” He seemed genuinely surprised. Edgar Brown explained to him that Negroes were not accepted.

“Have you tried?”

“No, sir, but others have tried and just been embarrassed. They’ve been turned away without regard for their training or ability. Only the color of their skin mattered.”

“Well, I think you should try.”

“We’d like to try but we’d also like you to help us open the door. We haven’t been able to break down the barrier ourselves. Mr. Truman, you don’t know what it means to be embarrassed. I’ve tried these things before. There’s just no use,” Dale replied.

“I’ve been embarrassed before.”

“Not like this, Mr. Truman. Not like we are.”

Truman had spunk; he wanted to see our plane and arranged to come to the airport that afternoon. He was full of questions as he climbed up on the wing and looked into the cockpit. “How much gas can you carry? How much did it cost to rent? Do you have insurance?” He was enthusiastic, though he didn’t want a plane ride... He said that if we had guts enough to fly this thing to Washington, he’d have guts enough to back us. And he did just that, helping put through legislation insuring that Negroes would be trained along with whites under the Civilian Pilot Training Program.

Along with other officials, we also met Congressman Everett Dirksen who later introduced the amendment to the Civil Aeronautics bill in the House of Representatives prohibiting discrimination in administration of the benefits of the act. It wasn’t until three years later that a bill was passed including Negroes in the Army Air Corps (10, pp. 33-5).

Role of the Civilian Pilot Training Program in traditionally black colleges.

The original law provided that the Civil Aviation Authority (CAA) would establish a Civilian Pilot Training Program (CPTP) in flying schools across the country, using equipment provided by the War Department. Amendments supported by Democrat Senator Truman and Republican Representative Everett M. Dirksen from Illinois assured that some of these schools would be designated to train Negro pilots. Another provision in Public Law 18 mandated that the Air Corps would monitor that training and accept it as equivalent to its own Primary Pilot Training courses. In support of those amendments and that mandate, a white Army Air Corps instructor pilot, Capt. Noel F. Parrish, received an assignment from Chanute Army Air Field, Illinois to the Coffey School of Aeronautics. Within two years, Parrish would see some of the civilian African American student pilots he taught in Chicago go on under his command at Tuskegee Army Air Field, Alabama to become qualified fighter pilots at (1, p. 23).

Because of the new legislation and growing pressure from African American leaders and press for the military to train its own black pilots, Brigadier General Barton K. Yount, Chief of the Training Group of the Office of the Air Corps, developed a plan for an all-black unit. This option included inducting and training unit aircrew at a segregated location, thus avoiding the alternative of training black pilots and support personnel for integrated assignment into predominately white units. The subject generated a great deal of discussion between the War Department, the Judge Advocate’s Office, the CAA and various legislative bodies. The Chief of the Air Corps, Major General Henry H. ‘Hap’ Arnold, felt the plan would allay African American “agitation” (7, pp. 55ff).

The debates and decisions of the pre-war period clearly reflect both sides of the argument:

...as shown in Congressional debates on the inclusion of non-discriminatory clauses in the Selective Service Act, the distinction between discrimination and segregation was not always clear. The meaning of these terms then and later depended in large measure upon the view of the user. Segregation, implying only separation, was then considered non-discriminatory by those who believed that equal facilities and opportunities could be provided to both races. To others, including most Negroes, the concept of enforced segregation was itself discriminatory. ...On the other hand, the courts, through World War II, held that segregation, as such, was non-discriminatory where equal facilities were provided. Field commanders therefore saw nothing anomalous in announcing that their racial policy was “segregation without discrimination” or that “no discrimination could exist in a camp which had Negro enlisted men only (7, pp. 83-4).

The Employment of Negro Troops (7), a volume written by historian Ulysses Lee, amply documents the active and passive resistance of Army Air Corps leaders to integration. Military intransigence during 1939 and 1940 led to a remarkable series of Congressional mandates, legislation, hearings and instructions that emphasized to the military its legal requirement to train African American military pilots. The AAC provided evasive, misleading responses and testimony about their avowed willingness to comply, a willingness that was contradicted by evidence that they were taking no action whatsoever; e.g., that the War Department planned to organize “a considerable number” of additional Negro units sometime soon (for a full description, see 7, pp. 55-87). One may summarize the circular logic of the Army’s responses as, “We have no black pilots because they cannot fly with white pilots. We cannot form any black flying units because we have no black pilots.”

Increasing likelihood of war led the Roosevelt administration to include in its 1940 budget submission some \$1.3 billion for defense, 15% of the total fiscal plan. The black press, the public and some Congressional leaders continued to press for African American pilot training. This pressure, along with political considerations regarding the pending presidential election, led to amendments adding \$525 million to expand the Army Air Corps and to initiate the Civil Aviation Authority’s Civilian Pilot Training Program (5, pp. 88-9, 109; 8, pp. 8-10; 10, p. 35).

While the War Department continued its adamant policy of refusal to mix races in any way, the CAA acted quickly to establish CPTP programs in six traditionally black colleges: Tuskegee Institute in Alabama, Howard University in Washington, DC, Hampton (Va.) Institute, West Virginia State College, North Carolina Agricultural and Technical College, and Delaware State College. A few black students already attending northern colleges and universities enrolled in integrated CPTP courses on their own campuses. The CAA also designated the North Suburban Flying School in Glenview, Illinois and the Coffey School of Aeronautics in Chicago to train both white and black student pilots. Willa Brown, one of only eight black pilots to hold a commercial pilot’s license, kept the Coffey School in operation after the death of her husband, Cornelius Coffey. During 1940, the first year of the integrated civilian CPTP, 91 of the 100 African American students in training programs across the nation qualified for civil pilot licenses, about the same proportion of success as that achieved by white CPTP students (7, pp. 56-63; 8, pp. 10-11). During the same year, the military neither trained nor accepted African American pilots.

In response to criticism of the fact that no African American had been admitted to the facility at Glenview under Air Corps auspices during 1940, the War Department continued its circular reasoning, using different words. They were “having difficulty in finding twenty qualified students needed to begin instruction and...it is the policy not to mix colored and white men in the same tactical organization, and since no provision has been made for any colored Air Corps units in the Army, colored persons are not eligible for enlistment in the Air Corps, so there is no need for additional facilities” (8, p. 12).

As opposition to this response mounted both inside and outside the military community throughout 1940, the AAC debated how it might absorb its proportionate share of black soldiers and airmen without racial mixing. Most Army units trained and worked together. Air Corps pilots, their planes and their enlisted support personnel might deploy to airfields far removed from their home bases, and might work with outside weather units, operations sections and other support troops. “Visions of wholesale breaches of the code of interracial etiquette arose whenever it was considered that a Negro pilot might be forced to land at a strange base for an overnight stay.” Many other objections surfaced, such as the question of where and how to train the African American troops, because no segregated facilities were available for such training. The black press and others summarized the situation by flatly asserting that the Air Corps “had no intention of admitting that Negroes could fly and that it had less intention of being found in error by giving them the chance to prove that they could” (7, p. 63).

Meanwhile, training classes for new U.S. pilots expanded from 300 graduates per year to 1200 after the German offensive against Poland in 1939-40. When Belgium fell to the Nazis in early 1940, the number of U.S. pilots in training rose to 7000 a year. Growing class sizes and numbers reached 12,000 per year following France's capitulation to Germany in July 1940. As the urgent need for more pilots came to public attention, the long debate on the proper military role of the ten percent of U.S. citizens who were African American expanded into outspoken declarations. Judge William H. Hastie, Dean of the Howard University School of Law in Washington, D.C., stated, "We will be American soldiers. We will be American ditch-diggers. We will be American laborers. We will be anything that any other American should be in the whole program of national defense. But we won't be black auxiliaries" (7, p. 68).

Buttressed by a marked increase in African American applicants for military duty and backed by the black press, Truman and Dirksen led Congressional efforts to enact further anti-segregation legislation. The Selective Service Act of 1940 (the Burke-Wadsworth Bill) required all branches of the service to enlist blacks without discrimination. In spite of two years of legislative mandates, the services continued their segregationist policies of not mingling black and white troops in the same unit (5, p. 109). Just before the November 1940 presidential elections, two significant events broke the deadlock. First, President Franklin D. Roosevelt nominated a senior black officer, Col. Benjamin O. Davis, Sr., for the rank of Brigadier General.⁵ Second, Secretary of War Henry L. Stimson appointed Judge Hastie as his Civilian Aide on Negro Affairs (7, p. 79.).

Hastie began his duties on 1 November 1940. He immediately inquired about the specific progress of the Air Corps toward forming black aviation units, as well as about their medical support. The military replied that its flying program would follow when the CAA programs had trained enough civilian pilots and mechanics, and that African American physicians, dentists, nurses and pharmacists would provide medical support to the AAC as necessary, as they would for non-flying black units also being formed. No discrimination would be permitted at reception centers or upon admission to special technical schools (7, p. 82). Implicit in these responses, as on previous occasions, was the principle of segregation. "No discrimination," in the language of that era, meant "separate but equal."

Responding to Hastie's urgings as well as other pressures, President Roosevelt issued Executive Order 8802, enacted into law in May 1941. Gen. Yount's 1938 suggestion – to train an all-African American flying unit by establishing a Training Center for this purpose and by providing a similar operational unit for its graduates – was resurrected and approved in December 1940. H.R. 6791, the Supplemental Military Appropriations Bill for 1940, included provisions to implement the Air Corps plan for segregated training (7, pp. 71ff). The Army Air Corps, newly designated as the "Army Air Forces" (AAF) began actively to train African American military pilots as well as the support troops that were vital for flying units: mechanics, weapon and ordnance specialists, clerks, supply personnel, cooks and military police. Medical personnel – flight surgeons and medical technicians – were needed to care for the aviators. Tuskegee would train CPTP graduates as military pilots. The indispensable ground support officers and enlisted technicians would train under segregated conditions at Chanute Field near Rantoul, Illinois and at a few other locations (8, p. 13).

Emergence of the Tuskegee Institute as the nation's primary African American aviation training center

Of the six traditional African American educational institutions offering the CPTP, Tuskegee Institute emerged as the leader in military aviation training for African American pilots. A small college in a rural village forty miles east of Montgomery, Alabama, Tuskegee was one of the few schools already providing both ground and flight instruction. In addition, it had a school for aviation

⁵ Further biographical information about Brig. Gen. Davis may be found in references 2 and 7.

mechanics and an ROTC unit, commanded by West Point graduate 1/Lt Benjamin O. Davis, Jr., the son of newly-promoted Brig. Gen. Davis. Plans stipulated that Tuskegee cadets and the Alabama Air Service, a local commercial flying school, would use the Montgomery Municipal Airport for its flying classes. The difficult and time-consuming eighty-mile round trip on unimproved country roads between Tuskegee and Montgomery would soon prove this plan to be impractical, especially following heavy rains (5, pp. 179-80).

The CAA's integrated CPTP program had generated some complaints of discriminatory practices by white military and civilian authorities, even within the black schools. Judge Hastie sent Chauncey Spencer, a licensed aircraft mechanic as well as a pilot, from his civilian job as an autopilot technician at Patterson Air Field, Ohio to Tuskegee to investigate allegations of serious racial discrimination at the local airfield. Spencer did so under cover, and returned to Hastie with reports documenting the charges. A few months later the entire all-white military command section at Tuskegee received transfers away from their posts there. Noel Parrish, newly promoted to lieutenant colonel at Tuskegee, assumed command of all army units there, a post he held throughout the war (10, pp. 44-47). All historical records, including autobiographies of the pilots themselves, agree that Parrish's fair and equitable leadership at Tuskegee Institute's Moton Field and later at the Army Air Field provided a strong and positive influence upon the successful training of African American aviators in the small, remote and strictly segregated rural Alabama community (1-3, 7, 8).

As the new Army program began to develop at Tuskegee, Institute President Fred L. Patterson and Director of Mechanical Industries George L. Washington arranged to lease a tract of land five miles from the school. In 1941, the Army acquired 1,650 acres of land from eight property owners for \$74,549.58. Construction began on July 12, 1941 on the airfield, known successively as Kennedy Field and Tuskegee Airport No. 1. By November 1941 a portion of the north/south runway, graded but not yet paved, sufficed for cadets to use during their initial flight training, even though the rest of the field was still under construction (6, p. 1). Financial gifts from alumni and undergraduates, plus the labor of Tuskegee staff and students, led to the success of this self-help project.

Later, with the active support of First Lady Eleanor Roosevelt and with funds borrowed from the Julius Rosenthal Fund, Tuskegee completed construction of Moton Field (Airport No. 2) four miles from the school. This field was limited to the Army primary training of all African American flight cadets, with the Institute providing civilian instructors, equipment and facilities at government expense, "including six nearly-new Stearman PT-13A *Kaydets*" (8, pp. 13-14).

Judge Hastie expressed some reservations about the explicit segregation of this plan, not only for the sentiments they reflected, but also because the Air Corps already had ample existing facilities to train black pilots alongside its white pilots. The African American press echoed this view, referring to the Tuskegee cadets as "Lonely Eagles." However, as the well-publicized program continued and the first cadets proceeded through training, press coverage slowly turned from negative to affirmative. Thus, public pressure involving the African American press and black officials, and the support of such notables as President Roosevelt, Senator Truman and U.S. Rep. Dirksen against the continuing resistance of the Army from 1938 to 1940, resulted in an explicit plan for the flying units collectively known today as the Tuskegee Airmen.

In addition to Tuskegee's ground and flight training units, the Institute became home for fighter squadrons destined for combat. The 99th Pursuit Squadron was activated on 19 March 1941 and the 100th Pursuit Squadron, the lead unit in the 332nd Pursuit Group, almost a year later on 19 February 1942 (7, pp. 118-9, 13; 14). These squadrons flew old Curtiss P-40 *Warhawk* fighters, the aircraft flown by the American Volunteer Group's Flying Tigers in China. One consequence of the AAF's choice of a single-seat fighter aircraft for the Tuskegee pilots was that the continuing policy of quiet segregation was made simpler by not having to train multiple crewmembers – bombardiers, navigators, radio operators, gunners – at multiple locations.

Another consequence of this decision, one with medical implications, concerned the physical limitations placed on African American applicants. About 95 percent of white applicants met the height and weight requirements for pilot training because the taller pilots could be assigned to bombers and transports. The small sizes of some fighter cockpits, including those of the P-40, limited their pilots to a height of five feet nine inches and a weight of 160 pounds. The AAF made an exception for Lt. Benjamin O. Davis, Jr., who was six feet tall, because of his background (7, p. 162). Davis's autobiography offers no insight into how he fit himself into the P-40; my personal conversations with living Tuskegee pilots yielded the information that "he just did it." All other Tuskegee Airmen had to meet the limiting size and weight standards until well into the war. As a result, otherwise physically fit African American aviation applicants were rejected because of their height or weight until the establishment of the 477th Bombardment Group allowed them to fly as pilots, navigators or bombardiers in the more spacious cockpits of B-25 bombers.

Army Air Corps staff and students began to arrive at Tuskegee Institute in early 1941. With the activation of African American flying training units and combat squadrons, we now turn from the debates and decisions about training African Americans as military pilots to the history of their medical support.

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CHAPTER TWO

RECRUITING, INDUCTING AND TRAINING U.S. ARMY PHYSICIANS

Medical Education for African Americans – U.S. Army Medical Department Reserve Officers – Aeromedical support for Army aviators – Vance H. Marchbanks, Jr., M.D. – African American aeromedical training.

...black medical officers were just nonexistent in 1940...there was a great deal of resistance to taking black medics into the Army as doctors, and very strong resistance to taking them into Army hospitals for the practice of their specialty in the military hospitals. ..Judge William H. Hastie

Medical education for African Americans

The first African American physician in the colonies, Dutch-educated, received a special grant to practice in New York in 1667. From that time until the 1960 – some 300 years – most American physicians were white males. Physicians before the mid-1800s bore little resemblance to today's physicians. Medical education was haphazard: by 1776 about 2600 American physicians had been trained by apprenticeship, while only about 400 had received education at university level. The resulting medical practice was primitive, without standards and unlicensed. States lacked professional or legal oversight of physicians who had no knowledge of bacteria, antiseptic practices or anesthesia. Medications were compounded by the physician or by locally trained druggists with few standards for the hygiene or potency of their products. Hospitals, as we understand the word, did not exist; holding wards or asylums with non-professional nursing care were the norm. Medical insurance, malpractice insurance and workmen's compensation were unknown. By 1860 about nine northern medical schools had black graduates, though standards for blacks and whites alike were minimal: a student had only to attend lectures for six months in each of two years to qualify for a medical degree. Those few students who attended European universities for their medical education received much better training (3, pp. 4-10).

Most of the 3000 African American soldiers fighting for the colonies in the Revolutionary War belonged to racially integrated units and received the same minimal medical care as the other troops. Eight black physicians served with the Union Army during the Civil War, though they were assigned to the infantry rather than to the Medical Corps. The 360,000 African American troops who fought in World War I received medical care from 356 black physicians, of whom only one attained the rank of major. Most of these doctors were assigned to the 92nd Infantry Division or to the segregated hospital in France that supported its troops (3, pp. 4-10). Louis Tomkins Wright, M.D. was one of these doctors.

Born in La Grange, Georgia in 1891, Wright was the son of a country doctor who died when Louis was four. His mother married another physician, Dr. William F. Penn, in 1899 and moved to Atlanta. Dr. Wright graduated from Clarke University in Atlanta in 1911 (valedictorian) and Harvard University Medical School in 1915 (cum laude, ranking fourth in his class), doing his internship at the Freedman's Hospital and returning to Atlanta to practice medicine with his stepfather:

In 1917 Louis Wright left Atlanta to join the army and was commissioned as a first lieutenant in the Medical Corps. He was assigned to the 92nd Infantry Division (376th Infantry Regiment) and ordered to France with this unit. In an engagement on Mt. Henri, Dr. Wright's entire battalion was gassed with phosgene, and he suffered permanent lung damage. He was denied promotion past his rank of first lieutenant, undoubtedly because of his rebellious attitude toward the racism he was experiencing. His colonel told him at the front in France after Louis was gassed, "I sent you up there to get shot. You didn't, therefore, I am transferring you back to a hospital because you're the best doctor in the division."

At Field Hospital 366, the triage hospital of the division, Dr. Wright served as head of the surgical wards until the war ended. At the time of his discharge Dr. Wright received the Purple Heart and was promoted to captain. He later advanced to the rank of lieutenant colonel as a reserve officer in the Army Medical Corps. Had Dr. Wright not been confined to strict bed rest [for pulmonary problems] at Biggs Memorial Hospital (Ithaca, New York) in 1941 at the time of Pearl Harbor, he would have been the ranking black medical officer in the Armed Forces during World War II (2, p. 164).

Dr. Wright's subsequent career included teaching, research (some 89 papers published) and an outstanding career that far exceeds the subject of this report (2, pp.161-171). His life story could have been an informative reference about the capabilities of African American physicians for those who made military medical decisions in the years before World War II.

By 1920 the U.S. had about 3885 black physicians, a total that did not change significantly until 1940 because "the total yearly production of black physicians was running just under the one hundred a year who died" (3, pp.12-18). Until World War II, medical education of African Americans had been carried out within:

...a tightly segregated system in which the two predominately black medical schools had graduated an estimated eighty-three percent of the six thousand black physicians in the country, while the ninety-nine predominately white schools with superior resources in faculty, facilities and predominately public money have graduated only token numbers of black doctors through the years " (3, p. xii).

Until 1969, more African American students would be enrolled in the two traditionally schools of medicine, Howard and Meharry than in the other 99 American medical schools *combined*. Since most of the Tuskegee flight surgeons graduated from Meharry and Howard, a brief review of these two schools' founding and development may clarify the social backgrounds that their graduates shared before entering the army, and the challenges they faced.

In 1826 an Irishman, Samuel Meharry, made a promise. A slave family had given him shelter, food and a place to sleep after his wagon slipped off a road and became mired in a swamp: "I have no money, but when I can, I shall do something for your race." He did. In 1875, the five Meharry brothers donated \$30,000 and some land to establish a medical school in Nashville, Tennessee. Meharry Medical College opened in 1876 as the Medical Division of Central Tennessee College, an institution established by the Freedmen's Aid Society of the Methodist Episcopal Church. The founder and first president of Meharry Medical College was New Hampshire native George Whipple Hubbard (1841-1921), a former Union soldier who received his medical degree from the University of Nashville. While still in school, Hubbard began the work of building

Meharry, with himself as sole instructor, religious advisor, and superintendent. The school opened with two white instructors and less than a dozen students (2, pp. 14, 108).

On February 1, 1921, John J. Mallowney, a 1908 graduate of the University of Pennsylvania and a former faculty member of Gerard College in Philadelphia, became the second president of Meharry. Under his leadership, admission requirements were rigorously administered; the number of faculty members increased; research and hospital facilities were expanded, increasing the bed capacity to 100; outpatient clinics were reorganized according to specialty; and a hospital superintendent was employed. By 1923, Meharry received an "A" rating from the American Medical Association. With contributions from the General Education Board and the Rockefeller, Rosenthal, Eastman, and Carnegie foundations, together with assistance from the City of Nashville and Meharry alumnae, the college moved from South Nashville to its present location in North Nashville, adjacent to Fisk University.⁶

Howard University opened in Washington, DC soon after the Civil War. Congress established a national Freedmen's Bureau in 1865 to provide practical assistance to newly freed slaves. On 20 November 1866, ten members of the First Congregational Society of Washington, D.C. gathered in the home of Deacon Henry Brewster for a missionary meeting. While there, they resolved to establish a theological seminary to train African-American clergy and teachers and preachers to educate and uplift the nearly four million recently emancipated slaves. Within a few weeks, the concept had expanded to include a provision for establishing a university, and within two years, the University consisted of the Colleges of Liberal Arts and Medicine. General Oliver Otis Howard, a Civil War hero who served as Commissioner of the Freedmen's Bureau from 1865 until 1872, directed considerable resources towards establishing the University, including the original three-acre campus, the Main Building, and the Old Medical School.

The University's charter, as enacted by the Congress and subsequently approved by President Andrew Johnson on March 2, 1867, designated Howard University as "a university for the education of youth in the liberal arts and sciences." The school accepted its first students the following May. The new institution was named for Gen. Howard, who was both founder of the University and commissioner of the Freedmen's Bureau. Howard served as the third president of the University from 1869 until 1874.⁷ Because of its location in the nation's capital, Howard faculty and graduates formed the nucleus of a strong professional and articulate African American culture in public life. In this, Howard differed from Meharry, which was organized primarily for African American students from southeastern states who generally had only marginal educational preparation for medical studies (2, pp. 14, 108).

⁶ Downloaded 12 October 2005 from the website of Meharry Medical College, 1005 Dr. D.B. Todd, Jr. Blvd, Nashville, TN 37208, <http://medical.mmc.edu>, and from <http://www.tnstate.edu/library/digital/meharry.htm>.

⁷ Data downloaded 12 October 2005 from the website of Howard University, Washington, DC <http://www.howard.edu/newsevents/Capstone/2000/Feb.2001/fnews1.htm> and from http://www.blackseek.com/bh/2001/53_HowardU.htm

African Americans who pursued a higher education during the first decades of the 20th century generally attended one of the traditionally black colleges or universities. The lawyers, educators, ministers, physicians and other professionals graduating from those schools developed a close-knit intellectual society with strong internal bonds. In the mid-1930s most influential African Americans knew each other personally. Black labor unions were strong. A vigorous African American press spread news rapidly through the entire community. Political support from Eleanor Roosevelt, Harry Truman, Everett Dirksen and others in government assured that important issues could not be swept aside as before. Except for the few who attended nominally integrated northern schools, African American medical students trained at Meharry or Howard and took internships and residencies under their auspices. This shared educational background laid the cultural foundation from which the Tuskegee flight surgeons would arise.

U.S. Army Medical Department Reserve Officers

In late 1940, when Selective Service was about to bring large numbers of Negroes into the Army, the Medical Department contained only a few Negro enlisted men and no Negro officers or nurses on active duty. Negro patients in Army hospitals were therefore attended by white doctors and nurses, and there was no segregation of Negro from white patients. In September 1940, the Medical Department Officers Reserve contained a small number of Negro officers eligible for service (that is, physically qualified and not overage): 60 Medical, 8 Dental, and 3 Veterinary Corps officers. About the same time, 40 nurses were in the Reserve maintained for the Army by the Red Cross (18, p. 317).

Between the World Wars, the active duty army consisted of a small cadre of white Regular Army officers and men. Organized reserves provided units from which troops could be ordered to duty in the Army of the United States. During the years of the Depression, some college students, black and white, received their tuition from the Army through the Reserve Officer Training Corps (ROTC). Upon graduation, they became commissioned officers. Many of these commissions placed them in the Infantry for specified obligated periods in the Inactive Reserve during which they could be called to active duty. Even though former ROTC students in the Reserves later attended graduate schools—including medical schools—they would serve as Infantry officers unless the Army transferred them to the Medical Corps: As plans for the flying training base and pursuit squadron at Tuskegee took form, it became clear that non-flying African American support officers would be needed in support roles, and that some of these would come from the Reserve forces. Individual reserve officers such as physicians not called for specialized duty would be vulnerable for active duty in non-medical fields.

This limitation aroused apprehension among Negro specialists, especially in the medical profession, both within and without the Officers' Reserve Corps. The four tactical units [planned at Tuskegee and elsewhere] could absorb only twelve medical and five dental officers. There were a number of Negro doctors and dentists, primarily graduates of Howard University, who held infantry reserve commissions dating from the completion of their college training. Many of these men had been attempting to secure transfers to the Medical Department, only to be told that there were no vacancies or that the procurement objectives had been reached. Moreover, applications from Negro civilian dentists and physicians for appointments in the Reserve were being returned by corps areas despite the drive to obtain additional Reserve officers from these professions. Negroes were fearful that these physicians and dentists would be called to active duty as infantry

officers, as some actually were, or as selectees [enlisted troops] and that their professional training would be lost to them and to the Army (7, p. 196).

During February 1941, the War Department reminded all its component areas and departments that any directives concerning applications for Reserve appointments and assignments applied to whites and Negroes alike. Some agencies had filled all their allotted spaces with white professionals, ignoring the existence of a specified quota for Negro medical and dental officers within the larger numbers. The earlier directives had included plans for segregated hospital wards and other facilities having an average patient census of over 100 Negroes per day, and that these wards would be staffed by African American physicians and nurses. The National Medical Association (NMA), the black counterpart of the American Medical Association (AMA), had generally approved this plan in December 1940. The NMA added the provision that it would suggest names of some of its physicians, and that black and white doctors could work together with white line officers. The army established eight segregated wards at Fort Bragg, North Carolina, and another eight at Camp Livingston, Louisiana, requiring 17 physicians, two dentists and 28 nurses at each hospital (7, p. 197).

The army's Medical Department was staffed entirely by white physicians, nurses and technicians. The AAF had no African American flight surgeons, nor any aviation medical technicians or clerks to support them. "The black medical officers were just nonexistent in 1940, and there was a great deal of resistance to taking black medics into the army as doctors, and very strong resistance to taking them into Army hospitals for the practice of their specialty in the military hospitals" (5). Who would furnish aeromedical care to black fliers?

The U.S. Army received its medical support from the Medical Department, commanded by the Surgeon General and his staff in Washington. The Surgeon General was a Medical Corps major general. Four brigadier generals served as his assistants. Medical officers below the rank of general served in the field grade ranks of colonel, lieutenant colonel, and major, and the company grade ranks of captain and first lieutenant. Medical officers attained ranks above first lieutenant (1/Lt) by length of service rather than competitive promotion; thus, no rank was limited to a legally specified maximum number of officers (16).

The Medical Department consisted of the Medical Corps, Nurse Corps, Dental Corps, Veterinary Corps, and Medical Administrative Corps. According to Army Regulation (AR) 40-10, the Medical Corps consisted entirely of medical officers (physicians). A 1920 law established the peacetime enlisted troop strength of the army at no more than 375,000, and specified a ratio of 6.5 medical officers per 1000 enlisted troops (16). Maj. Gen. James C. Magee served as Surgeon General from 29 May 1939 until his retirement in 1943. Maj. Gen. Norman Kirk filled the post through the end of World War II (8, pp. 25, 36, 50ff).

As army manpower swelled to its maximum by the middle of the war almost 600,000 African American troops would be on active duty in the U.S. and in the European and Pacific theaters. Of the 4000 black commissioned officers who commanded and supported them, 395 were physicians, 67 dentists and 202 nurses. Only a few medical personnel would reach field grade ranks—one lieutenant colonel and ten majors. The rest of the African American physicians remained company grade officers—captains or first lieutenants—until the end of the war (3, p. 17).

Aeromedical support for Army aviators

Among the assistants to Surgeon General Magee was the Air Surgeon, Brigadier General David N. W. Grant, who was responsible for medical care to the Air Corps. The Air Surgeon (and his predecessors, who had served under several titles and organizational systems) supervised medical support for army fliers through a flight surgeon program that began along with the expansion of the Air Corps just before the entry of the U.S. into World War I in 1917 (6, Ch.1). Most of the army's original flight surgeons were newly inducted white male physicians who received two months of aviation medical training at the Medical Laboratory in Mineola, Long Island, New York in the spring of 1918. The Army deployed 33 of its first 36 flight surgeons to Issoudun Airfield in France in August 1918 to establish an aeromedical service center. After World War I, the Mineola facility evolved into the School of Aviation Medicine. The School moved to San Antonio, Texas in 1926; first to Brooks Field, southeast of the city, and then ten miles east to the newly-constructed "West Point of the Air," Randolph Field, in 1931 (6, Ch. 1; 14, p. 125).

Graduates of the School of Aviation Medicine had two major duties: 1) physical examinations of candidates for flight training and later periodic examinations, and 2) the day-to-day medical care of aircrew (16, para. 1c). Flight surgeons at regional examination and induction centers used a standard protocol to evaluate pre-flight candidates against specific medical requirements. Flight surgeons at flying training bases supported cadets through preflight, basic, primary and advanced flying training. Flight surgeons assigned to units at operational flying bases provided medical care and periodic medical examinations to pilots in fighter, bomber, transport, liaison and other aircraft.

Eventually, aeromedical authorities formally divided the two aviation medical responsibilities. Physicians trained as examiners for the aviation cadet selection system received the designation of "aviation medical examiners" (AMEs). Most AMEs worked in recruiting and pre-flight training centers, performing physical examinations on candidates for various aircrew positions: pilots, navigators, bombardiers, radio operators and crew chief. Administering standard examinations to basically healthy men soon became boring and tedious to physicians, so after a year of satisfactory service, and with the recommendation of an experienced flight surgeon, an AME could advance to the aeronautical rating of flight surgeon and receive the same flight pay as other rated aviators. In addition to thorough pre-selection examinations for aviation cadet applicants, flight surgeons performed less stringent periodic examinations for trained aviators (13, pp. 7-8).

A flight surgeon could also serve as operational support physician to active flying unit and as advisor to the commander. In this capacity, flight surgeons worked under the primary control of *line* unit commanders, with a secondary chain of command through the *medical* unit surgeons of higher echelons. Thus, each commanding officer of a numbered Squadron, Group, Wing, Air Force or named combat Theater of Operations (e.g., Mediterranean Theater of Operations) was authorized his own flight surgeon and medical department. When World War II began, these requirements were amended so that any AME ordered overseas with a flying unit received an automatic rating as flight surgeon (16, Change 1, 18 Nov 42).

AR 40-10 designated flight surgeons as "specialists" who not only served as medical officers, but as staff officers or "...surgeons. The basic title of a staff medical

officer is ‘surgeon,’ which, as commonly used in the military service, indicates his staff or advisory position rather than his professional qualifications, and is analogous to such terms and positions as quartermaster, adjutant, etc.” (16, para 2b; see also 6, Ch. 1). Flight surgeons not only gave aeromedical examinations, but could also be assigned directly to flying organizations as unit surgeons, advising their flying unit commanders on:

1. Preventive and public health measures
2. Care and treatment of the sick and wounded
3. Supervision of dental and veterinary services, which included sanitary and food service inspections
4. Command of local Medical Department personnel
5. Training, instruction and supervision of Medical Department personnel
6. Information and requests on questions concerning the Medical Department
7. Medical records and required medical reports
8. Supervision over all Medical Department activities
9. Medical inspections and reports on all subordinate units of the commander, and investigation of conditions affecting the health of the command
10. All other duties as prescribed by any superior authority (16, para.2b).

From its inception in 1917, the goal of the flight surgeon system was to solicit volunteers among military physicians who had a personal interest in aviation and to train them to examine pilot candidates. Before entering training, each flight surgeon had to meet the same strict aeromedical physical and mental standards that applied to all aviators, except that the physicians could wear corrective glasses.

Flight surgeons assigned to operational flying units provided preventive, occupational and clinical services. All service personnel, specifically including flight surgeons, received “an increase in 50 per centum of their pay when by orders of competent authority they [were] required to participate regularly and frequently in aerial flights” (15, para 1). The increase in pay was to compensate them for the hazards of military flying, since insurance companies charged larger premiums for professional aviators. AMEs and flight surgeons were to be given “every facility” and “freedom of action” in order to perform specialized functions in all matters concerning the physical fitness, health and well being of flying personnel. Within AR-40-10, which outlined the routine duties of all military unit surgeons (see above), a separate paragraph specified the *additional* duties of a flight surgeon:

Advising the commander on all matters pertaining to the physical fitness of flying personnel:

1. Recommending the relief from flying duties of fliers found unfit for flying duties and make proper recommendations as to their care, physical exercise, recreation and periods of rest
2. Hold sick call for fliers and recommend disposition of those excused from flying duties
3. Visit hospitalized fliers and consult with their attending medical officers concerning their care and treatment
4. Perform the specialized physical examinations required by fliers
5. Render all necessary medical reports to the Army Air Forces and the Medical Department (16, para 2d).

The unit flight surgeon had two channels of responsibility. He was under the primary day-to-day command of his line unit commander for routine duties and administrative purposes, but his medical performance came under the professional supervision of a senior medical officer in the Medical Corps chain of command. In

common with all division, regiment or battalion surgeons, each wing, group or squadron flight surgeon had three sets of duties. *Professional duties* included the practice of medicine, including appropriate physical examinations (flight physicals could be performed only by AMEs or flight surgeons). *Advisory duties* pertained to the unit surgeon's role as a staff officer to the commander in the same manner as those of the personnel officer, the supply officer, the judge advocate, the chaplain and others. *Administrative duties* were those pertaining to the command of a unit's Medical Department personnel and its patients. "Only officers of the Medical Corps will command Medical Department organizations dealing with the treatment, hospitalization, and transportation of sick and wounded personnel, except temporarily in an emergency when no medical officer is available" (16, para 2b).

Directives such as these indicate that U.S. Army *medical officers* had to be competent both as physicians and as military officers. To these two qualifications, flight surgeons had to add competence in the aeromedical aspects of aviation. All military men had to be in top physical condition in order to serve in field conditions anywhere in the world on short notice. In contrast to their brothers in arms on land and sea, fliers had to meet additional, more stringent physical standards to serve in the air. Flying in unpressurized cockpits, a flier faced changes in barometric pressure that could rupture eardrums or cause sinus hemorrhages if he had a cold. The lower levels of oxygen at altitude could lead to unconsciousness if oxygen masks or bottles were used improperly. Unheated cockpits in fighters and bombers exposed a flier to temperatures well below freezing for hours at a time, making frostbite a constant hazard. Improper diet, excessive smoking or drinking, irregular flying schedules, long hours in the cockpit, and round-the-clock noise from the flight line led to a cumulative fatigue that could dull the senses and reflexes. The mental stress of constant alertness in the cockpit would take its toll after several months: all flying was hazardous, military flying was more hazardous, formation and night flying added to the dangers, and combat flying clearly added to the lethal potential (6, 8).

Armies were familiar with the ways in which combat fatigue could degrade a ground soldier's performance. However, the introduction of aircraft and aviators into combat settings posed a new challenge. Aviators in combat underwent added physical, physiological and mental stressors that greatly increased their chance of being lost in an accident or to the enemy. Fliers, unlike most ground soldiers, required over a year of costly flight training before becoming combat-ready. Both aircrew and aircraft were expensive and not easily replaced. These stark facts had led to the Army's medical system for explicit support of its aviators beyond that given to other soldiers (6, 8).

Fitness to fly involved more than simple physical health. A healthy flier also required the mental attributes of resilience, hardiness, intelligence, judgment, courage, aggressiveness and caution. A flier who developed an illness had to be knowledgeably evaluated for his fitness to continue safe and effective flying. If he was unfit, the flight surgeon would advise his commander to ground that flier until he regained his health and fitness. If the flier required hospitalization away from his own base, his treatment and recovery in that hospital and the need of his unit for his prompt evaluation regarding fitness to return to flying duties required close medical and administrative attention.

The instructions for flight surgeon duties and the specialized training given at the School of Aviation Medicine prepared flight surgeons for these and other complex decisions. Thus, flight surgeons had a direct and immediate effect upon the combat

readiness of any flying unit (6). Under the same directives that governed pilots, navigators, bombardiers, radio operators, gunners and other aviators, flight surgeons held an aeronautical rating, wore wings on their uniforms and received flight pay to compensate for the dangers involved in their duties. Though they did not routinely receive flight instruction beyond a few familiarization rides, flight surgeons were “required to participate in regular and frequent aerial flight” with their units as medical observers. They would deploy as an integral part of their flying units and function under the orders of the unit commander. A few officers, including U.S. Air Force Surgeons General Robert Patterson and Edgar Anderson, Jr. received both flight surgeon and pilot training and flew in both capacities (9).

Flight surgeon training programs had graduated less than 36 physicians per year—all white males—during the Depression years, 1929-1939. The urgent expansion of pilot training in 1940 required a parallel expansion of flight surgeon classes. In May 1940, General Arnold directed the School to increase its number of graduates to 250 flight surgeons per year. This increase would be necessary in order to examine the 50,000 applicants required to produce 12,000 physically and mentally qualified student pilots (8, pp.159ff).

To accommodate this increased student requirement, the School raised the number of students per class, cut class time from four months to three, and began designating its graduates as AMEs. Only after practicing in the field for a year and when their superiors were satisfied that they were ready for the higher rating would they receive flight surgeon wings. Official correspondence generally referred to both AMEs and flight surgeons as “flight surgeons” except when the distinction had some administrative importance.

Under the leadership of two Commandants of the School of Aviation Medicine, Lt. Col. Fabian Pratt and Col. Eugen G. Reinartz, these new programs raised the number of annual graduates from 32 in 1939 to 192 in 1940. Wartime expansion of flight training programs raised the number of flight surgeon graduates to a maximum of 2277 in 1943, an eleven-fold increase (13, pp. 99-100; for a detailed history of these and other changes in flight surgeon training, see 8, pp. 144-229).

The nature and organization of medical support for aviators had been controversial from the beginning of U.S. military aviation in 1917. The Army’s Surgeon General and his subordinate Air Surgeon, faced with different requirements and different problems, often came to different conclusions and solutions. For example, the Army Surgeon General had to plan for providing care to thousands of wounded, where the Air Surgeon had to provide flexible aeromedical support for scores of rapidly deploying healthy flying squadrons. Shortly after the Army Air Forces separated from the Ground and Support Forces in 1941, General Hap Arnold, AAF Commander, assigned his Air Surgeon directly to his own office, rather than that of the Army Surgeon General (refs. 6 and 8 offer detailed information about this matter, which exceeds the scope of the present report).

The need to procure additional medical officers became apparent with the first indications of a significant military buildup in 1939-40. However, the medical community was slow to respond with volunteers. The War Department had been unable to fill the 1500 places allotted to Army medical officers, and had turned to the American Medical Association in 1941 for aid in procuring the physicians willing to accept commissions to support the expansion of the armed services. The Assistant Air Surgeon,

Col. Wilford H. Hall, designed a medical recruiting program for the AAF. The program also selected enlisted medical technicians from the pool of army draftees, most of whom had no medical background when they were assigned to the AAF (11, pp. 6-7). A series of selective processes would provide the Air Surgeon with the papers of applicants who “expressed a desire for service with the Air Forces.” The *Journal of the American Medical Association* publicized this effort in early 1942 (8, p. 53; 11, p. 135). The Air Surgeon mobilized Reserve medical units and individuals; e.g., army general hospitals from medical centers such as Duke, Emory and Vanderbilt (1; 10; 19, pp. 249ff.). The Air Surgeon also asked AAF officers to submit names of possible candidates to his office. Packets of application forms, physical requirements and descriptions of service in the AAF were sent to all who requested them. Air Force officers would help interested physicians to fill applications, obtain necessary physical examinations and submit the information directly to the Air Surgeon’s Office.

This innovative and personalized approach, supported by Air Forces Headquarters, proved successful in attracting many doctors in the required numbers and specialties —up to forty applications per day by May 1942—who eventually received commissions and assignment to duty with the AAF. Starting with 800 physicians at the time of the attack at Pearl Harbor on 7 December 1941, the AAF procured an additional 4576 doctors by 1 December 1942 and 1102 more by January 1944 (8, pp. 52ff).

In addition to addressing the overall medical needs of the Air Forces, Gen. Grant’s office attended to the planned African American troop units:

The Surgeon General recommended establishing all-Negro hospitals in the Zone of Interior and commissioning Negroes as Medical Administrative and Sanitary Corps officers. The General Staff informed him that no all-Negro hospital was planned and that commissioning Negroes in the two corps named was “not favorably considered.”⁷⁵ Later on, however, Negroes were commissioned in the Medical Administrative Corps, and two all-Negro hospitals were eventually established.

The Air Forces Station Hospital at Tuskegee, Ala., activated in 1941, was the first of these two hospitals to receive its personnel, and played an important part in utilizing Negro doctors and nurses. It also supplied some of the first personnel to report to the Negro Station Hospital at Fort Huachuca, Ariz., which began operations in 1942.

Fort Huachuca was the training center for the 93d (Negro) Infantry Division. The National Medical Association (the Negro counterpart of the American Medical Association) was requested to assist in procuring medical officers for its hospital, which by the end of 1942 had 676 beds and a staff of 37 Medical Corps officers, 1 Sanitary Corps officer, 2 Medical Administrative Corps officers, 100 nurses, and 243 enlisted men. At that time, also four Negro Dental Corps officers had been assigned to the hospital dental clinic, which functioned under the post dental surgeon. Two Veterinary Corps officers were assigned to the post surgeon’s office at that time. The commanding officer of this hospital from June 1942 until his return to civilian life in October 1945 was Lt. Col. Midian O. Bousfield. Chief of the medical service until March 1943 was Maj. Harold W. Thatcher. Both of these men, as well as many others on the Fort Huachuca hospital staff, made outstanding records under particularly difficult circumstances (19, pp. 319-20).

Very few of the newly inducted physicians, black or white, had any prior experience with the medical problems intrinsic to the military or to aviation, but the army’s training program yielded hundreds who became excellent operational flight surgeons. Their contributions to aviation medicine, based on the work of a few men working between the World Wars, extended this branch of medical practice during and

after World War II into the modern aerospace era (6, 8). One of these aeromedical practitioners was the senior flight surgeon who supported the Tuskegee Airmen in combat and into the post-war period.

Vance H. Marchbanks, Jr., M.D.

The desire of African American citizens to participate in the national war effort to the best of their training and abilities motivated the physicians who served in the armed forces, including those who later supported the Tuskegee Airmen. Vance H. Marchbanks, Jr., M.D., exemplifies the perseverance of the pioneers who broke the color barrier in the Army Medical Corps. His father, Vance H. Marchbanks, Sr., joined the army in the fall of 1894 and served for "43 years, 9 months, and 13 days." His enlisted career included tours with the 9th and 10 Cavalry regiments, and with the Medical Corps. He also served during World War I. The senior Marchbanks left the service and reenlisted several times. After holding the rank of Warrant Officer for six years, he retired as a Captain in October 1939.⁸

Vance H. Marchbanks, Jr., was born Jan. 12, 1905 at Fort Washakie, Wyoming. Young Vance Jr. traveled from post to post with his father, receiving his education in Essex Junction, Vermont; Chicago, Illinois; Washington, D.C. and graduating from high school at Tennessee State Normal School in Nashville in 1923. That fall he entered the University of Arizona. During his sophomore year, Marchbanks applied for and received an appointment from President Calvin Coolidge as an at-large competitor for entry into the U.S. Military Academy at West Point. After being rejected by examiners in El Paso in late 1926, he re-applied and was once more rejected by examiners in San Francisco, on the basis of age.⁹ Marchbanks went on to graduate from the University of Arizona, and in 1937, received his M.D. degree from the Howard University College of Medicine, Washington, DC, where he also spent two years as an Assistant Resident in Medicine. He received his commission as a First Lieutenant in the Army Medical Corps Reserves on 8 May 1939.

Marchbanks and Richard Allen Wilson, M.D., both first lieutenants in the Reserves, joined the staff of the U.S. Veterans Hospital in Tuskegee, Alabama, a center for African American medical care. In March 1940, the Third Military Area Headquarters in New Orleans issued a general request for active duty training to all Medical Corps Reserve Officers in the southeastern United States. Since Alabama was under the 3rd's command, Marchbanks and Wilson responded to this request. The Army refused their volunteer letters on the grounds of "limited training facilities for colored Reserve Officers." This refusal received endorsements up the chain of command from the Fourth Army to the Third Military Area and then to the U. S. Army Adjutant's office in Washington, D.C. Upon receiving notification of non-acceptance, Marchbanks wrote to a family friend, Charles H. Houston, Assistant Dean of the Howard University School of Law and a counsel for the National Association for the Advancement of Colored People:¹⁰

⁸ Marchbanks, V.H. Jr. Unpublished papers in the possession of his daughter, Roslyn Marchbanks-Robinson.

⁹ Un-paginated clipping, *The St. Louis Argus*, 15 Oct 1926; additional typed, undated data from Manuscript Dept, Moorland-Springarn Research Center, Howard University.

¹⁰ Data on Dean Houston downloaded from <http://www.toptags.com/aama/bio/men/chouston.htm>, 1 Feb 05.

Dear Dr. Houston,

9/3/40

I am on the staff here [Tuskegee Veterans Hospital] as an associate physician, and have been since June 1, 1940.

I am sending you some letters [referenced in the paragraph above] that may interest you. Please note that there are two sets, one to me and another to Dr. Wilson, one of the other doctors here. We were both refused summer active duty.

Mother and Dad are living in Los Angeles now. Make sure to look us up if you come this way.

I was talking with B.O. Davis and he advised me not to make this a public issue about their actions toward us. I am not afraid of them. I have a job but if I could get called I would take it because you know my relationship with the Army.

Give my regards to your family.

As ever,

Vance Jr.

A week later, Marchbanks's father, now a member of the Los Angeles Chapter of the Negro Veterans Council of California, also wrote Dean Houston. His letter reveals the sentiments of the times. The Chapter proposed a resolution (Appendix I) that African American citizens be included in all aspects of national defense, including the activation of specific black infantry and cavalry regiments. Marchbanks wrote:

Dear Charlie,

9/11/40

The Negro Veterans Council of California met last Monday night and decided to give you the go ahead signal in regard to the Resolution. You should receive official confirmation from the Council soon.

In submitting the Resolution, I hope you will stress the fact that we should by all means have Negro Doctors and Dentice [*sic*], because we have competent men in these professions...

We might have Dentice and Medical Doctors but no politician would ever work for them. ... I want to see you do well. I did not do so well simply because I did not have sufficient education. I realized that fast and I tried to give my son all the education he was able to absorb.

With kindest regards to your mother and father, and those in your office I know, I am very sincerely yours,

/s/ Vance

Vance H. Marchbanks, Captain U.S. Army, Retired ¹¹

The younger Marchbanks persisted in his efforts to enter active duty in the Fourth Army area. He finally achieved his goal on 15 April 1941 at Fort Bragg, North Carolina, receiving the rank of First Lieutenant in the Medical Corps. Although he had requested

¹¹ Correspondence and attachments of V. H. Marchbanks from the Manuscript Department, Moreland-Springarn Research Center, Howard University

assignment to the Tuskegee Air Field, the army sent him to Fort Bragg, North Carolina as Battalion Surgeon for the 16th Battalion, 5th Regiment, Field Artillery Replacement Training Center. In this operational assignment, he provided outpatient medical care to the unit rather than serving as a hospital physician, a setting similar to that of a flight surgeon with a flying squadron. Transferring into the Fort Bragg Station Hospital five months later, Marchbanks provided inpatient care as a Section II Ward Officer from September 1941 till the spring of 1942, when he received orders transferring him to Tuskegee. In preparation for this assignment, the army sent him on detached service (today called Temporary Duty, or TDY) to a course in military neuropsychiatry at Walter Reed Army Medical Center in Washington, DC from 1 May–1 June 1942. Upon his return to Fort Bragg, he and his wife traveled immediately to Tuskegee, where the Medical Detachment placed him on detached duty with the 66th Field Training Detachment, Tuskegee AAF Flying School.¹²

African American aeromedical training

Until the formation of the Tuskegee flying units, all U.S. Army flight surgeons were white. The few standard aeromedical histories that describe the pre-war years say nothing about African American flight surgeons being trained, although at least three Tuskegee Army Air Field medical officers, Vance H. Marchbanks, Jr., Maurice C. Johnson and James P. Ramsey, became AMEs as the war began. The School of Aviation Medicine at Randolph Field, Texas graduated 490 flight surgeons between 1919 and the summer of 1940. During that period, another 67 physicians had taken a home study extension course developed by the School. Their home instruction was then augmented by practical work done at Army airfields near their homes under the supervision of experienced flight surgeons (13, p. 98). Upon arriving at Tuskegee, Marchbanks volunteered to take the School of Aviation Medicine extension course. Completing his studies, Marchbanks became an AME at Tuskegee on 19 Dec 1942 and received promotion to the rank of captain on 16 January 1943. He served with the instructor pilots and cadets at the 66th FTD until his reassignment to the 332nd Fighter Group at the Tuskegee Army Air Field on 26 August 1943. Marchbanks transferred with the Group to Selfridge Field, Michigan later that year.

In the autumn of 1942 Judge Hastie, the Assistant for Negro Affairs to the Secretary of War, asked the AAF about training flight surgeons by correspondence, to which the Air Forces at first replied that with the great bulk of aviation medicine trainees, both Negro and white students were using extension courses and branch schools. When Hastie asked specifically if Negroes were excluded from Randolph Field's medical courses, an evasive answer came back: "It is not the policy of the Air Corps to exclude Negro officers from training at the School of Aviation Medicine." Hastie raised such questions about other technical training schools, such as the Officer Candidate School at Miami Beach and the recent announcement of a segregated Officer Candidate School at Jefferson Barracks in Missouri. He also objected to the "humiliating and morale shattering mistreatment at Tuskegee," such as that earlier reported to him by Chauncey

¹² Marchbanks, V.H. Jr. Unpublished papers in the possession of his widow, Mrs. Lois Marchbanks, and his daughter, Roslyn Marchbanks-Robinson, 31 December 2005. Marchbanks' psychiatric course was a strong factor in his success as an operational flight surgeon. At that time only eight African American physicians in the entire country had received full formal psychiatric residency training (3, p. xiii).

Spencer, and continued by such policies as separate black and white messes, toilets and officers' calls. A particularly sore point was that African American military police could not carry sidearms. Hastie also determined that black medical officers did not receive equivalent training to the whites, either at the School of Aviation Medicine or in the practical phase of the extension course given by mail. He sent in his resignation, emphasizing his resentment of the AAF's recalcitrance with the comment that its actions had been "so objectionable and inexcusable that I have no alternative but to resign in protest and to give public expression to my views," which he did in a well-publicized campaign to end military discrimination. Maj. Gen. George E. Stratemeyer, AAF Chief of Staff, answered, "I don't want any colored school any place to be conducted as a segregated school. With reference to colored Officer Candidates at Miami Beach, I want them treated just like white Officer Candidates. They will go to the same classes, to the same drills, and eat in mess halls the same as the whites" (7, p.169-172; 8, p 186; 12, pp. 70ff).

Hastie's inquiries and Stratemeyer's directives led to action. The AAF acknowledged some of its failings, adding that the training of African American flight surgeons through a correspondence course rather than at Randolph "constituted undesirable discrimination." In addition to the three black flight surgeons [names unspecified] who graduated from the extension course and an accompanying practical course in February 1943, the School of Aviation Medicine accepted two African American physicians for in-residence education at Randolph Field that same month. In a little-noticed but historic moment, two physicians stationed at Tuskegee – Harold E. Thornell and Bascom S. Waugh – were accepted at the School of Aviation Medicine for an integrated military training course. We cite one specific statement here in its entirety along with its references renumbered in the footnote:

It was thought that the training of Negro flight surgeons could be done with the least disruption by authorizing an extension course for the group it was necessary to train [original ref. 183].¹³ With the completion of the Flight Surgeon's Unit at the Tuskegee Flying School, three Negro officers were enrolled in the extension course and graduated in February 1943 from the practical course [qv] [184].¹⁴ In January 1943, meanwhile, Judge William H. Hastie, civilian aide to the Secretary of War, brought to the attention of the Secretary of War that Negroes were not admitted to the School of Aviation Medicine for the didactic course [185].¹⁵ The Chief of Air Staff directed that immediate action be initiated to provide a proportionate share of vacancies for Negro resident students at the School – and qualifying standards for white students to apply equally to Negro students. The proportionate share was calculated on the basis of the ratio of total white flight surgeons to the Negro flight surgeons to be trained. At least one Negro surgeon was to be trained on a resident student basis [186].¹⁶ The first two Negro officers to graduate from the basic course as aviation medical examiners were Maj. Harold E. Thornell and Lt. Bascom A. [sic] Waugh who graduated in March 1943 [187]¹⁷ (10, p. 186).

Brig. Gen. Eugen G. Reinartz, USAAF MC (Ret.) spoke of this event in a 1966 USAF Oral History Program interview:

¹³ Ltr., TAS, Hq., Wash., DC to Comdt., AAFSAM, 17 Mar 42.

¹⁴ 1st Ind., (basic ltr., Surg. TAFS, to Comdt, AAFSAM, 23 Jul 42), Comdt, AAFSAM, to Surge TAFS, Tuskegee, Ala., 20 Aug 42.

¹⁵ Ltr., C/AS, Hq., Wash. DC to TAS, AAF, Wash., DC 11 Jan 43.

¹⁶ *Ibid.*

¹⁷ Ltr., Comdt., AAFSAM to Comdt, NAAC, Nashville, Tenn., 10 Mar 43.

Oh yes, and interestingly enough, under my jurisdiction, the first Negro officers ever to be commissioned in the Medical Corps of the United States forces, with possibly one or two exceptions, were sent to the School for training as Flight Surgeons to be with the Negro organization that was commanded by the son of a former Brig. Gen. of the Army Negro, and his name was Davis. It was interesting, when the Negroes reported to the school, I called them in and I said, "Now gentlemen, you have two strikes against you, you're here in the south and you're Negro. And you are the first of your race ever to be taken into the Air Force Medical," and I said, "Now you can set the pattern, for all those of your race who will follow you and the way you conduct yourself will determine whether others of your race will be permitted to come to this school also." So we had a definite understanding. There will be no differentiation between them and any other student. On the morning our classes began, the telephone rang and the Secretary of State of the United States was one the wire, he said, "This is Secretary [Cordell] Hull, are the Negro students at your school?" "Yes sir." "Where are they located?" "They are in the bachelor [sic] officers quarters." "Are they living alone?" "No, they have made their own choice and they are living in the rooms together or with others as they saw fit." "Where are they in class?" "No differentiation has been made. They are where the first letter of their last name would indicate they should be seated, because we have the seating alphabetically." "Where do they eat?" "In the general mess with every other officer who is at the class." He said, "Very well, thank you." And from that time on we had Negro students quite regularly. They proved themselves to be excellent students and we had absolutely not one single, solitary bit of difficulty, by reason of their being integrated in our white classes (4, pp. 32-34).

AMEs trained by School of Aviation Medicine extension courses provided aeromedical support for the Tuskegee Army Air Field Medical Department from 1941 until mid-1943 when Thornell and Waugh returned from their training at Randolph. As we shall see in Chapters Four, Five and Six of this history, the first pilot graduates at Tuskegee transferred on base into the 99th Fighter Squadron in mid-1942. That squadron deployed to North Africa in April 1943 and began flying combat missions against Axis forces within a month. Later Tuskegee graduates entered the three fighter squadrons of the 332nd Fighter Group: the 100th, 301st and 302nd. These units deployed to Italy in January 1944. The 332nd Fighter Group welcomed the 99th Fighter Squadron alongside its other three squadrons at Ramitelli, Italy in July 1944, thus becoming the largest fighter group in the Mediterranean Theater's 15th Air Force. Two other flying organizations, the 477th Bombardment Group (Medium) in Michigan and later Kentucky, and the 126th Army Air Field Base Unit (AAFBU) for fighter pilot training in Walterboro, South Carolina, received Tuskegee graduates during the later years of the war. Replacement pilots for the four Tuskegee squadrons in Italy came from the 126th AAFBU. The four B-25 squadrons of the 477th were preparing to support the planned invasion of Japan when the atomic bombings of Hiroshima and Nagasaki ended the war in August 1945.

Physicians who provided aeromedical support for black aviators after mid-1943 were trained through extension courses combined with supervised practical experience, and also through in-house training at the School of Aviation Medicine alongside white physicians. Although records are sketchy, informal documents indicate that eight African Americans attended the School at Randolph during and immediately after the war and did well there, establishing a firm record of excellence that has continued to the present.

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CHAPTER THREE

TUSKEGEE ARMY AIR FIELD AND ITS MEDICAL DEPARTMENT

Part One

Development of Tuskegee Army Air Field

FDR and Warm Springs, Georgia – Tuskegee prepares for African American flying training – Eleanor Roosevelt flies with “Chief” Anderson – U.S. Army pilot training: cadet selection, classification and initial training – Preflight training and ground school, basic, advanced and combat flight training – Organization of flying units – Tuskegee student data.

The early setup of the Tuskegee Army Air Field could hardly be dignified by the word “organization”. ...Tuskegee Army Air Field History, 1945.

FDR and Warm Springs, Georgia

A few facts about President Franklin Delano Roosevelt—FDR— may help the reader to understand the deep affection he and his wife Eleanor felt for the part of the rural South that includes Tuskegee, Alabama and Warm Springs, Georgia, and the role that his disability and its resultant discrimination played in their lives:

US statesman and 32nd president (1933–45), born in Hyde Park, New York, USA. Born into the patrician family (of Dutch descent) that produced his distant cousin Theodore Roosevelt and his wife Eleanor Roosevelt, he was educated in Europe and at Harvard and Columbia Law School. Admitted to the New York bar (1907), he served as a progressive state senator (1911–13) and assistant navy secretary (1913–20) before running unsuccessfully as vice-president on the 1920 Democratic ticket. After a crippling attack of polio in 1921 (he would never again walk without assistance), he resumed his political career, becoming governor of New York (1929–33) and seeming to take on a new sense of purpose. With the country in a deep depression, he easily defeated Herbert Hoover in 1932.¹⁸

Roosevelt was a well-known political figure when, at the age of 47, he contracted the dreaded disease of poliomyelitis, ‘infantile paralysis.’ The paralysis caused by this mysterious illness of unknown transmissibility destroyed most of the muscular strength in his legs and seemed to mark the end of his career in the public eye. He learned of the natural hot water springs in west-central Georgia in 1924, and also was told that bathing and exercising in pools fed by the constant flow of 88° mineral water seemed to have curative effects. Arriving by train in April of that year, he moved into a popular local resort hotel and spa, the Meriwether Inn, to begin a course of therapy that restored some muscular control and—more importantly—his feeling of health and his spirits. Over the next four years, FDR oversaw the development of a major rehabilitation center in Warm Springs, investing two-thirds of his considerable fortune in its facilities and serving as friend, cheerleader, ‘Doc’ and sponsor for the increasing number of patients – ‘polios’ – who came for help. Perhaps more to the point of this history, he personally experienced segregation and prejudice from the private sector because of his disease (3).

¹⁸ Downloaded 16 October 2006 from www.biography.com.

The ‘polios,’ including Roosevelt and his wife, could not eat in the same dining hall as the well-to-do guests vacationing at the popular Meriwether Inn because of fear of contamination or infection. Further, polio victims were unable to travel freely, not because of their obvious physical limitations, but because they were not welcome in public railway carriages. In 1925, a patient who was a friend of FDR traveled from Pittsburgh to Warm Springs in a box built by his brother and carried in a baggage car. The man was “so skinny that it was feared the power of the springs would pull him through the drain” (3, p. 41). Born to privilege and wealth, Roosevelt experienced discrimination due to the fear that arises from ignorance. (A reader born after the polio era may understand this fear as being similar to the national reaction against AIDS patients in the 1980s.)

Roosevelt’s interests soon extended beyond polio rehabilitation. Freed from his crutches, braces and wheelchair by an automobile equipped with hand controls in place of pedals, he became a familiar and well-liked figure as he drove through the poverty-stricken Georgia countryside. The rural South had already descended into the Great Depression during the mid-1920s, and its bleak effects were everywhere to be seen. FDR initiated agricultural development projects—fruit trees, cattle ranches, new farming techniques and instruction—while his wife became involved in obtaining new schools and technical training for local families, whites and blacks alike.

The Roosevelts also supported the founding of a polio rehabilitation center for black patients near the respected Veterans Administration Hospital for African Americans in Tuskegee, Alabama (the Little White House was 50 miles northeast of Tuskegee). These two medical centers were located less than a mile from the campus of the Tuskegee Institute, academic home to Booker T. Washington and George Washington Carver. Visiting Georgia, FDR and his family saw the effects upon American citizens of poverty, ill health, ignorance and segregation, an awareness that had a lasting influence upon the Roosevelts’ personal and public activities (3).

During most of the four years between 1924 and 1928, the Roosevelt family lived in the Warm Springs area, buying a farm and remodeling a home there soon after their arrival. FDR left the South in October 1928 to re-enter politics as the successful Democratic Party candidate for the governorship of New York. The stock market crash of 1929 and the subsequent national depression during the presidency of Herbert Hoover led to Roosevelt’s election as president in 1932. That year he built a second home near his farm, designed to his specifications as a place where he could work as well as use the rehabilitation center and the therapeutic waters. He named this building “The Little White House.” Re-elected to the presidency in 1936, 1940 and 1944, Roosevelt returned to Warm Springs many times during his presidency. He died from a cerebral hemorrhage in the Little White House on 12 April 1945 (3).

Tuskegee prepares for African American flying training

The prospect of an army contract to train African American pilots in early 1941 led to spirited competition between the Chicago area flying schools and the eight traditionally black colleges with Civilian Pilot Training Programs. Tuskegee’s academic curriculum of aviation-related courses, including pilot training, had been active since 1933, when George Leward Washington became its Director of Industrial Training of Men. Washington had established a strong academic reputation within the African American community as Dean

of Mechanical Arts at the Agricultural Technical College of North Carolina, and had the distinction of being the first black citizen licensed as a professional engineer in that state. He continued to open new doors for students after he came to Tuskegee Institute. Appointed its Director of Aviation, he helped establish within the school's curriculum both an aviation ground school and a flying school that included Kennedy Field, a small training airfield south of town (22, pp. 2-4, 28-30).

With the Tuskegee's federally funded CPTP classes under way since 1939, the school considered competing with other CAA and commercial African American aviation programs as a possible site for the army's planned flying training centers for blacks. The Institute appointed Washington as its contractor in bidding for the program. Major L. S. Smith, Director of Training at Maxwell Field in Montgomery joined him in this effort. The two men spearheaded Tuskegee's drive for local funding to locate the AAC flying training program there rather than in Chicago. Their initiative would soon gain a strong ally, the wife of the President of the United States. Mrs. Roosevelt, who had traveled in the Deep South many times, was familiar with the people, their social and educational institutions and their economic problems during the Great Depression.

A grant from the Julius Rosenthal Foundation of Chicago had made it possible for G. L. Washington to earn his baccalaureate and master's degrees in mechanical engineering from the Massachusetts Institute of Technology. He and Eleanor Roosevelt were trustees of the foundation, which had as one of its major aims the enhancement of African American educational opportunities. Mrs. Roosevelt, a long-time supporter of the early civil rights movement, had been a guest of honor at the annual meeting of the powerful Brotherhood of Sleeping Car Porters in September 1940 when the union passed a resolution calling for a ban on discrimination in the U.S. military based upon race or color.

President and Mrs. Roosevelt traveled to North Carolina by rail in March 1941 for an official visit to Fort Bragg. Their itinerary at the army post included visits not only to all-white military organizations, but also to African American engineering, field artillery and anti-aircraft gunnery units. President Roosevelt continued by rail to Fort Lauderdale, Florida for a few days of fishing, while Mrs. Roosevelt drove to Tuskegee, Alabama. Although we have no specific information, one may assume that she and her official escorts traveled in several of the automobiles typically carried in one or two boxcars on Roosevelt's official railroad train. After visiting the patients at the polio treatment center, she drove to the Tuskegee Institute, where the Rosenthal Foundation Board of Trustees had convened its annual meeting. There, she and G. L. Washington were instrumental in persuading the Board members to provide a \$200,000 loan to the Tuskegee Institute to construct an airfield suitable for military flying training (7, p. 110; 22, pp. 2-4, 28-30).

Eleanor Roosevelt flies with "Chief" Anderson

While visiting Tuskegee's Kennedy Field that weekend, Mrs. Roosevelt met famed instructor pilot Charles Alfred "Chief" Anderson. In 1932, Anderson had become the first African American to earn a commercial pilot's license. He later teamed up with a black New Jersey physician, Dr. Albert E. Forsythe. The two men set out, on what Anderson later described as "a series of adventurous flights." He [Forsythe] wanted to advance aviation among blacks. He said, "We are going to do something to show that we can do these things, just like everybody else." Chief Anderson and Dr. Forsythe were the first

blacks to successfully complete a transcontinental flight from Atlantic City, New Jersey to Los Angeles, California without the aid of landing lights, parachutes, radios, or blind-flying instruments (2, p. 144).¹⁹

Mrs. Roosevelt asked Anderson to fly her around the local area in one of the Institute's J-3 Piper Cub aircraft. Her Special Service escorts objected, but other officials on hand assured them that not even the President could tell her what to do:

Said Chief Anderson, "I remember her telling me that everybody told her that we [blacks] couldn't fly. Her remark was, 'I see that you are flying all around me. Everyone that's here is flying. You must be able to fly. As a matter of fact, I'm going to find out right now. I'm going up with you.' That caused a lot of opposition among her escorts. They were thinking of calling the President to stop her, but she was a woman who, when she decided to do something, she was going to do it. She got in the plane with me and we had a delightful flight. She enjoyed it very much. We made a tour of the campus and the surrounding area. We came back and she said, 'Well, you can do it, all right.'"

Anderson credits her with a major role in causing her husband to open up the Air Corps to blacks. How much influence she had on the decision may be debatable, but only two or three weeks later after her jaunt came authorization for an African American pursuit squadron (2, p. 144).

Photographer P.H. Polk recorded the event on film, and Mrs. Roosevelt requested that he print photographs for her to take back to Washington D.C. to show the President.²⁰ The next day, newspaper accounts of her flight and photographs of her standing by the plane and sitting in the cockpit behind Chief Anderson brought Tuskegee aviation to national attention (7, p. 110; 9, p. 139).

In her daily newspaper column, *My Day*, filed from Greensboro, North Carolina on 31 March 1941 and published the next day, Mrs. Roosevelt wrote, "Saturday morning the Tuskegee Institute Trustees met...I had the pleasure of going through the new unit for the treatment of infantile paralysis which has been installed here by the National Foundation...finally we went out to the aviation field where...the teaching of colored pilots is in full swing. These boys are good pilots. I had the great fun of going up in one of the tiny training planes with the head instructor..." (9).

During a joint press conference with the President on 1 April 1941, Mrs. Roosevelt reported that she had enjoyed the trip to Fort Bragg. She went on to mention her tour of the aviation training camp at Tuskegee, saying that their acrobatic flying was very impressive, and that, "they're going to make wonderful fliers" (8).

U.S. Army pilot training: cadet selection, classification and initial training

Favorable publicity about Mrs. Roosevelt's flight was invaluable for the Tuskegee aviation program. Papers across the nation ran the story just as the army was choosing its training site. The news supported the idea of military flight training for African American pilots and it gave a boost to locating that training at the small Alabama school.

¹⁹ Downloaded from <http://www.nps.gov/tuai/planyourvisit/hours.htm>, 15 Nov 06.

²⁰ In an interesting bit of aviation historical symmetry, 43 years after his Tuskegee photograph, P. H. Polk was an honored guest at the shuttle launch of the first African American in space, Guion S. "Guy" Bluford, in August 1983, and documented the event at the Kennedy Space Center in Florida with his camera.

Photographs of Chief Anderson in the cockpit with Eleanor Roosevelt provided an indisputable visual answer to the notion that blacks were incapable of such a complex technical task as flying a plane.²¹ The high quality of G. L. Washington's prior academic flying training program at Tuskegee and the CAA's recent selection of that program as a site for its Civilian Pilot Training Program gave credibility to the school's being chosen to give military flying training. Still, Mrs. Roosevelt's influence in securing the Rosenthal grant for a larger airfield near the school was only one factor in selecting a site for the army airfield. Political and practical matters beyond the scope of this paper also influenced the decision:

- The President's New Deal efforts to relieve the grinding poverty of the segregated rural South (3)
- Racial restrictions on adequate housing for blacks at other locations (17)
- Veteran Administration hospitals and the Infantile Paralysis Hospital for black patients already located at Tuskegee (5, 19)
- Tuskegee averaged more days per year of good flying weather than Chicago (22, p. 5)

The army made its choice: Tuskegee would expand its aviation curriculum to become the sole flight training base for African American pilots. Because of his role in organizing and developing the new AAC Primary Flying School, G. L. Washington received a permanent appointment as General Manager of the Division of Aeronautics in 1943. He continued to supervise the Tuskegee Institute's successful program throughout the war, a program that grew to include all phases of pilot training from preflight to combat readiness.

The choice of Tuskegee did not meet with immediate approval from the African American public and its press. Chicago had offered training in an area that did not have legal segregation, a fact that enhanced the possibility of later integrated military training facilities. Locating the training base in Alabama meant imposing off-post segregation upon all who were to be assigned there.

The village of Tuskegee was located in the pine hills of eastern Alabama's Macon County. The 1930 census reported the county's population as 27, 103, with 75% of its citizens working in agriculture and 80% being African American. The 1940 census showed the population of Tuskegee as 3,937 citizens, of whom two-thirds were black. The little town had few accommodations for either blacks or whites; one segregated movie house and a few small restaurants, only one of which was for African Americans. A military history later in the war noted, "Almost all entertainment they [military students] have time for is offered here on campus. There have been few instances of racial clashes." The writer went on to comment that off-campus dining was limited by the fact that the one black restaurant was frequently unavailable because "The Cook Is Drunk Again" (emphasis in the original). White merchants in town were ambivalent about the influx of African American officers, many of whom were from northern states: "They would have liked us to send our money to town while we stayed on the campus." Such factors would have several

²¹ Data about Mrs. Roosevelt's traveling arrangements, schedule and press releases kindly provided by email on 20 January 2006 by Ms. Nancy Simko, who portrays the role of Eleanor Roosevelt at the Georgia Department of Natural Resources State Park, FDR's Little White House, near Warm Springs, Georgia..

medical implications: morale, and therefore flying efficiency, depended upon on-campus and on-post recreational facilities. The separation of military personnel from the civilian students at the Institute and the absence of off-base attractions helped keep the venereal disease rate low throughout the war (24, pp. 5ff).

Preflight training and ground school, basic, advanced and combat flight training

“A plan for military flight training at Tuskegee was consistent with that established in 1939 under Public Law 18. It was the approach used throughout the Air Corps [and the Air Forces and later the U.S. Air Force] during World War II and for many years afterward ... whereby 191,654 trainees were awarded their wings between January of 1941 and August of 1945” (4, p. 58). Flight training at Tuskegee and elsewhere retained the same general flow of cadet selection and progress throughout the war: general military indoctrination (“Soldier School”), ground school and flight schools—primary, basic, advanced—leading to familiarization training in the specific type of aircraft to be flown in combat. The length and content of the courses varied with supply, demand and military experience from mass training and from lessons learned in the theaters of war around the world. Wartime expansion, changing missions and geographic transfers led to periodic restructuring of most Army flying units, including those at Tuskegee. We shall list these units and briefly discuss their various reorganizations and changing names in the section below, “Organization of Tuskegee flying units.”

Administrative decisions based on tacit or implicit racial issues added to the repeated reorganization of Tuskegee units, which complicates their description in this narrative. A brief review of the nature of army pilot training and the changes in names and numbers of training squadrons at Tuskegee may clarify the subsequent narration of aeromedical support to its Army flight training programs.

Cadet selection, classification and initial training

All army pilots were volunteers. Some applicants for flight training were civilians; others were active duty ground force officers or enlisted men. Regardless of their prior status, their first steps toward becoming military aviators included a physical examination given by an AME or a flight surgeon to insure that they met physical and mental criteria that exceeded ordinary military service standards. Once accepted, applicants proceeded to one of several AAF Cadet Classification Centers for 3-4 weeks of flight classification tests and introductory training. Contract barbers shaved clean the heads of the would-be pilots, a military mandate that had its root in preventive medicine as well as discipline; a hairless head was visibly free of the lice that served as the vector for typhus. As well, cadets lost their civilian individuality—a group of men with shaved heads look very much alike—and entered the mass anonymity of military training. The candidates endured multiple immunizations, vigorous athletic toughening and introductions to military and officer customs and courtesies. They became acquainted with drill and with drill sergeants. They made their cots with sheets and blankets taut enough that the sergeant could bounce a quarter from its surface—the cot was summarily overturned if not properly made. The trainees scrubbed the latrines and floors weekly, repeating the process with toothbrushes if they failed an inspection. Each man marched a one-hour duty tour on weekends for each

demerit earned during the week. Other introductions to the Army included calisthenics, guard duty, and kitchen police (KP) chores such as potato peeling, dishwashing and scrubbing mess hall floors (12, Chap. 5). In popular parlance, they were now GIs.²²

In considering the experiences of the Tuskegee pilot candidates, one must not forget that these men were mostly college graduates; many had advanced degrees. Collectively they embodied the best that the African American community could offer the nation. The same was true of the physicians who enlisted to serve them; many of the Tuskegee flight surgeons had graduated from medical school in the mid-1930s, and were well into their post-graduate residency training, or already had established private practices. All newly commissioned army officers, regardless of corps, age, race or professional respectability, underwent several weeks of the same field training as the young cadets. This was not a matter of harassment, but of military and medical necessity. Field discipline included proper management of human waste, providing and maintaining potable water from open ponds and rivers, keeping food, utensils and mess kits free of contamination, and avoiding infections and contagious diseases that could deplete military forces. Experience in the Great War (soon to be renamed World War I) had repeated history's lessons that malaria, typhus, typhoid, tetanus, syphilis, gonorrhea, streptococcal infections (impetigo, tonsillitis, glomerulonephritis [Bright's disease], acute rheumatic fever and the resultant rheumatic heart disease), dysentery and other ailments could weaken an army or a navy to the point of defeat (15, 18, 47).

How did the army train its newly inducted officers and men to learn about these matters? A successful military force depends upon healthy and effective troops. Each commander depended upon his unit physician for guidance in matters concerning personal health, public health and preventive medicine. The Tuskegee physicians fulfilled their roles admirably, as we shall see. Later records of the 477th Bombardment Group fortunately included a detailed list of the lectures given to its troops during their military indoctrination. One may reasonably assume that the topics came from a military manual, and that all inductees received the same curriculum. As we shall see, an indication of the success of Tuskegee physicians in these preventive medicine measures was the favorable comparison of medical non-effectiveness rates of their units with all other AAF flying units: medical parlance refers to such information as a 'pertinent negative.'

Soldiers received instruction in six general areas: School of the Soldier [e.g.; discipline, chain of command, Articles of War], Intelligence, Chemical Warfare, Medical, Camouflage and Weapons. As a part of 'Soldier School' for the 477th Bombardment Group later in the war, Capt. James P. Ramsey, one of the first African American flight surgeons, presented a one-hour lecture each morning and a different one each afternoon for three weeks; thirty lectures in all, along with a final examination. The subjects of these lectures are listed here:

Personal hygiene, care of the feet, sex hygiene, venereal disease (two lectures), prophylaxis, sanitation and communicable diseases, control of intestinal diseases, mess sanitation, disposal of waste (two lectures), field water supply and purification, discipline (four lectures), control of respiratory diseases, control of louse-borne diseases, sanitary areas (two lectures), camp sites, first aid for wounds (two lectures), first aid packet, burns and special wounds, fracture-dislocations-

²² G.I.: Government Issue. This term, originally a military supply reference, came to be applied not only to equipment but also to military customs and even to the soldiers themselves; e.g., "G.I. Joe."

sprains, drowning and electrical shock, conditions due to heat, transportation of the sick and wounded, and personal adaptation to problems in the army (two lectures).

Soldiers who failed the exams, showed poor discipline, manifested indifference or boredom, slept or were “non-receptive” were washed back for three more weeks of basic training (31).

The classification period ended with each new cadet being assigned to an aircrew duty—pilot, navigator, bombardier—or to non-flying duty fields such as armament, intelligence, maintenance, supply, personnel, or medical administrative duties. For the African American aviation cadets, the only flying training possible was at Tuskegee in a single seat fighter, the P-40 *Warhawk*. Training of black non-flying officers took place mainly at Chanute Field, Illinois, which already had the segregated facilities deemed necessary for these cadets. In addition to Technical School training, they would also attend Officer Candidate School to obtain their commissions as second lieutenants (10, 12).

AAF pilot training programs dated back to the Air Service of World War I. Pilot training consisted of four training phases: Preflight, Primary, Basic and Advanced. All phases continued cadet indoctrination into military protocols, customs, courtesies, drill and rigorous physical exercise programs along with technical and flying instruction (11; 12, p. 5ff). Newly selected pilot candidates entered a nine-week Preflight training course, which included a few orientation flights. Preflight students wore uniforms at all time, and were subject to strict military discipline. Most training at Tuskegee took place on its campus, and (as was true at colleges and universities across the nation) army rules included detailed instructions about military students and active duty personnel keeping their distance from civilian students. Infractions and demerits led to weekends spent in walking hours of ‘tours’ while carrying rifles.

White student pilots in the AAC moved from one airfield to another for the various flying schools in accordance with traditional army flight training programs. As a result, most members of a newly formed combat squadron would not meet each other until they arrived from their several Advanced Flying Training bases. African American flight training was unique in that all phases of instruction took place at one location. Tuskegee Institute and the Tuskegee Army Air Field combined the roles of the U.S. Military Academy at West Point, Randolph Field (“The West Point of the Air”) in Texas, and the many advanced and combat training bases scattered across the south and southwest. Tuskegee pilots trained together from start to finish in small groups of twenty or so—preflight cadet to combat squadron pilot—in a setting that included their peers in classes ahead of them and classes behind them. The same academic and flight instructors taught them, the same few flight surgeons furnished their medical oversight, and Capt. (later, Col.) Noel Parrish oversaw the entire process throughout the war. The socioeconomic status of the African Americans living in and around strictly segregated, economically depressed rural Macon County, Alabama assured that blacks would see each other in a restricted and circumscribed environment: the same few churches, on-campus cafeterias and post exchanges. They went to the town of Tuskegee only to attend church, to shop at a few businesses and to buy gasoline. Their wives and children would become close and supportive friends (24, pp. 5ff). Designed to assure segregation, the entire ambiance led to the cohesive unit morale that characterized the Tuskegee Airmen throughout the war and the tight comradeship that still exists today

Primary flight training.

After Preflight came nine weeks of Primary flight training with civilian contract instructors in Tuskegee's 66th Army Air Corps Civilian Training Detachment. There the students received about 60 hours of flight training in bi-wing Stearman Primary Trainer (PT-17) *Kaydets*, first with instructor pilots and then solo. Enlisted preflight graduates could keep their enlisted status and pay, or could choose to become aviation cadets; this choice depended entirely upon an individual's appraisal of his own financial factors. Primary students were classified as Aviation Cadets (new from civilian life), Aviation Students (former enlisted men) or Student Pilots (already-commissioned officers) (21, 22).

Basic flight training

Preflight graduates entered a second nine-week course of Basic flight training and solo flights in Basic Trainer (BT-13) *Valiant* aircraft, which had more power and speed. Seventy hours of flight instruction included radio communication and the use of two-pitch propellers. Instructors emphasized the need to be officers as well as pilots, and discipline was strict. Students could "wash out" because of academic or flying deficiencies, lack of motivation, airsickness or fear of flying. They could also apply for self-initiated elimination, an action that might involve any combination of causes (4, pp. 66-7).

Advanced flight training

Nine weeks of advanced flight training followed, taught in a somewhat more relaxed and collegial atmosphere. At this point, some white student pilots at other training bases could proceed to multi-engine training. All Tuskegee students received single engine instruction in North American Advanced Trainer (AT-6) *Texans*, because they could only be qualified and chosen for single seat fighters in 1940. Multi-engine pilot, navigator, bombardier and other aviation fields were closed to African Americans until 1943. Instructors concentrated on improving and augmenting "just learning to fly" with specific courses in navigation, formation and night flying and other necessary skills. Other bases cooperated with the Tuskegee instructors in these courses, and the African American students received some basic training at Gunter Field and advanced training at Maxwell Field, both 40 miles away in Montgomery. Successful completion of advanced flight training led to a pilot wings and a commission as a second lieutenant. At first, some enlisted graduates became "flying officers" or "flying sergeants," but these designations soon phased out (4, p. 67). A few flight students were commissioned officers, as Capt. Davis was in the first class at Tuskegee:

Officers as well as cadets go through the flying training course. Although they may have bars or even oak leaves on their shoulders, they are just other guys named Joe on the flying line. Yet away from the line they rate a salute and the respect due commissioned officers. Cadets are very conscientious about their attitude toward a student officer, even though he is a buddy on the flying line (12, p. 103).

Combat flight training

The pilots, now proficient in navigation, communication, and formation flying, day or night, fair weather or foul, were ready to train in fighter aircraft. Advanced training graduates remained at Tuskegee to master its Curtiss Pursuit (P-40) *Warhawks*, preparing for assignment to the 99th Fighter Squadron. This unit received its initial enlisted cadre in August 1941, and began its full training program when the first five Tuskegee graduates joined the squadron in March 1942. Successive graduating classes joined the unit until it reached full strength of 28 pilots in September 1942.

Later graduating classes of African American pilots formed the three squadrons of the 332nd Fighter Group—the 100th, 301st and 302nd—that trained together at Tuskegee and later in Michigan in late 1943. The 332nd deployed to Italy in December 1943. Also in 1943, the AAF established the 477th Bombardment Group (Medium) at Selfridge Field, Michigan. Availability of bomber assignments loosened the physical examination requirements for height and weight, so more applicants could be accepted by the flight surgeons. Tuskegee graduates received assignment either to the B-25s of the 447th or to the 553rd Fighter Squadron at the same location. The 553rd trained replacement pilots for the African American P-40 squadrons overseas. The new multi-engine track also meant that students who washed out of flying training were no longer reduced to the rank of private, but could retrain as officers in bombardier or navigator schools (above descriptions of training condensed from 4, pp. 58-9; 12; 21; 22; 24-27; 36).

The Tuskegee Institute and Tuskegee Army Air Field training pipeline produced camaraderie from a year of shared experiences in barracks, classrooms and aircraft. Cadets and pilots knew that they represented the entire African American community's commitment to patriotism in the war with the Axis powers. Comradeship, community and commitment strengthened and sustained the combat units during the war. The longstanding bonds and common goals extend through the history of the Tuskegee fliers and their flight surgeons from the war to the present.

Organization of Tuskegee flying units

Army units at Tuskegee and elsewhere went through a series of organizational changes before and during World War II. A man could stay in the same office doing the same job for several years while the name or numerical designation of his unit changed several times. This section reviews these changes in unit names, numbers and missions to aid the reader in following their history and medical support at Tuskegee throughout the war.

G.L. Washington and the supervisors of Tuskegee's CAA Civilian Pilot Training Program began preparations for the Army Air Corps's Preflight and Primary Training Programs in early 1941, well before the attack on Pearl Harbor. The Army inaugurated its flight training courses at Tuskegee at a ceremony on 19 June 1941. The following day the AAC became the Army Air Forces (AAF) (11, p. 37). The new Tuskegee Army Air Corps

Flying Training Detachment (TAAC FTD) immediately became the TAAF FTD. It soon received two name changes; first to the “AAF FTD (Moton Field)” and then to the “66th AAF FTD” in late 1941. On 1 May 1944 this unit was redesignated the “2164th Army Air Forces Base Unit (Contract Pilot School, Primary),” or 2164th AAF BU (CPS.P)—usually shortened to 2164th ABU. Under all these names, civilian contract flight instructors retained responsibility under military supervision of Preflight and Primary Flight Training on the Tuskegee campus and at the Institute’s Moton Field.

The early TAAF quickly outgrew the army’s original prewar plans for 11 white officers and 15 non-commissioned officers, 47 African American officers and 429 enlisted men. In August 1942, AAF Headquarters sent a request to all field units for qualified black enlisted soldiers available for advanced technical training (this would include technicians for Tuskegee). A review of responses in October 1942 indicated that only 42 out of the 85,000 eligible soldiers had received field recommendations. A fierce administrative exchange continued for several months, centering on proposed locations for the technical training of these African American soldiers. Proposals of specific locations resulted in resistance from white residents and officials; e.g., Jefferson Barracks in St. Louis, Chanute Field in Illinois, and even Fort Davis near the town of Tuskegee. “Segregation of Negro troops...was regarded as a safeguard against discrimination” by the white communities and by the army. Some 217 black officers and 3000 enlisted troops were ‘dumped’ into the TAAF, being stationed in and around the town of Tuskegee because the Army was not able to find other duty stations appropriate to their capabilities under its racial policies.” Judge Hastie, the African American advisor to the War Department, inquired about these men in October 1942. He was concerned because some officers, including medical, financial, legal, chemical warfare and athletic specialists “of considerable standing in the Negro peacetime community, had been given subordinate and, in some cases, no actual assignments at all.” Finally, plans were developed for most non-flying officers and aircraft technicians to receive their instruction at segregated facilities at Chanute Field, with specialized training centers for other skills scattered around the country (17, pp. 163ff). Confusion and bottlenecks delayed the scheduled combat readiness of the Tuskegee fliers and their supporting elements, including their aeromedical units.

The TAAF included separate units for each phase of flight training. The 2164th Army Air Forces Pilot Training Unit (AAF PTU) included an academic center at Tuskegee Institute for preflight training, with Moton Field for primary training. After the CAA had certified Tuskegee’s CPTP curriculum as a civilian Advanced Flying School, its Elementary, Secondary and Secondary Instructor courses were taught by both black and white civilian contract flight instructors. The CAA’s CPTP unit, which provided preflight and primary flight training for civilian students, phased out after February 1943, and its replacement, the 2164th AAF PTU, later hired some of the former CPTP instructors.

The CPTP academic curriculum was replaced by the 320th College Training Detachment (Aircrew), which now provided the 28-day preflight and primary flight training for military cadets and students housed on the Tuskegee campus. A new War Service Training Programs (WSTP) augmented the former CPTP extracurricular college program with a wider plan allowing college and non-college students to receive subsistence payments while in training. Preflight training for aviation students and cadets had three specific objectives: education, military discipline and physical fitness. Enrollees would agree in advance to participate as a member of the armed forces after properly qualifying

within whatever programs the WSTP required (1). Permanent party staff for the 320th began to arrive in March 1943, with 144 - 249 students present each month from April through November. In his role as Tuskegee Institute aviation contractor, G. L. Washington supervised all campus flight training under the administrative oversight of one army officer and one enlisted man from the 320th.

Primary pilot training graduates of the 320th CTD and the 2164th AAF PTU moved on to Basic and Advanced training in the 2143rd AAF PTU, which included a Link simulator section with mockup trainers for ground instruction and familiarization with flight controls. Advanced pilot graduates then proceeded to the 66th AAF PTU for transition from AT-6s into P-40 fighters. As noted above, these training schools were located at separate airfields for white student pilots, but were co-located at Tuskegee for the African American student pilots (22).

Veterans of the 99th Fighter Squadron began to return from the Mediterranean Theater assignments to U.S. airfields in November 1943. Although some went directly to the 553rd Fighter Squadron Replacement Training Unit at Selfridge Field, Michigan, others entered the 320th program at Tuskegee. Officials soon decided that these experienced and respected fliers could be most useful as instructors in its other flying training schools. The 320th's curriculum changed in response to this new requirement, adding a War Service Training (WTS) Instructor Course for experienced pilots returning to Tuskegee from other stateside assignments and from combat duty. On 1 May 1944, the drawdown of the college aviation cadet program led to the 320th being renamed the 2211th AAF Base Unit (College Training, Aircrew). The 2211th received its last WSTP trainees from the Tuskegee Institute's program the next day. These men graduated on 20 June 1944, and the staff of the 2211th was absorbed into the 2164th shortly thereafter (23; 24-27; 37, pp. 1-2).

After the war ended in Europe in May 1945 and in the Pacific in September 1945, all Tuskegee AAF units began to discharge their troops back to civilian life. The entire TAAF staff began slowly deactivating late in 1945. Subordinate unit reports became part of the overall Tuskegee Army Air Field Histories during the demobilization. Of the 16 students graduating from the final Basic Flight Training course in early 1946, eight went to Advanced Single Engine (SE) Training and eight to Advanced Twin Engine (TE) Training. The 2164th became the 385th AAF BU on 15 April 1946 as the entire Tuskegee contingent reorganized during its transfer from the AAF Flying Training Command to the Tactical Air Command. Many students chose to resign their commissions and return to civilian life, and the last advanced class graduated only nine students on 29 June 1946: seven from SE and two from TE (28-30).

The Cadet Training Detachment, Ground School, Advanced SE School and Advanced TE School all became inactive as their training missions ended. Minimal flight operations to maintain flying proficiency of the instructors and on-the-job training of mechanics and other personnel continued until 1 September 1946. Medical support then dwindled to two enlisted technicians. The Tuskegee Army Air Field and its last Base Unit, the 385th (Standby), deactivated in November 1946 (30, 34).

As noted above, flying training at Tuskegee Army Air Field and Moton Field proceeded through several stages: preflight training, primary pilot training, basic pilot training and advanced flying training. Auxiliary practice landing strips with no overnight facilities were located near small local Alabama communities: Tallassee, Union Springs and Shorter.

Active duty army units at Tuskegee remained generally stable throughout the war, although their names changed. The parent unit was the Tuskegee Army Air Force Base Unit (TAAF BU), ten miles north of town. TAAF activated as a detachment of the larger Maxwell Army Air Field at Montgomery, forty miles to the east. Maxwell was also the home of the Southeast Army Air Forces Flying Training Command (SAAF FTC) of the Third Air Force. TAAF later became a separate post under the SAAF FTC. This assignment continued until post-war reorganization on 15 April 1946 transferred the few remaining Tuskegee units to Tactical Air Command Headquarters at Langley Field, Virginia (34).

Regardless of changes in unit names and numbers, the flow of cadets and student pilots remained the same, as did their aeromedical support. AMEs and flight surgeons assigned to the units and to the Station Hospital performed selection and periodic physical examinations, served on Academic and Accident Boards, ran sick call and provided more extensive medical care to fliers and their families when necessary. They also manned the flight line ambulances during flying hours at the airfields and sustained morale of the troops by their presence in the working environment of the field, their participation in flight, and their instruction in aviation physiology and proper use of personal equipment.

Student population at Tuskegee

Clearly the numbers of military personnel—and their family members—grew during the first years of the war and then dropped sharply as the conflict ended in Europe and then in Japan. Statistics from two years indicate the size of the population served by Tuskegee medical personnel:

STUDENT PILOTS

Year	Preflight	Postgraduate	Total graduates
1942	247	89	336
1943	256	263	1014 (36, pp. 47ff).

Some of these graduates went for later assignment, not to pilot duties, but to navigator and bombardier schools to B-25 bomber crews. Still, at war's end in mid-1945, Tuskegee had graduated almost 1000 pilots, plus the other flying officers. The October 1944 personnel report for all students and permanent party assigned or attached to the TAAF BU included 391 officers, 21 WO and 2195 EM. These numbers varied during the war, but we can estimate that the base population served by the hospital was approximately 2600 troops at any given time. Most of the students were not married, nor were many of the younger permanent party troops. No numbers are available for the maximum total population—permanent party, students, wives and children—who were served by the Station Hospital. We may estimate this number as being about 3000.

PART TWO

Development of Tuskegee Army Air Field Medical Department Services

Capt. Maurice E. Johnson, MC, AME – Flight surgeon duties at Tuskegee – The war years – Tuskegee Army Air Field Station Hospital – Capt. James P. Ramsey, MC, AME – Capt. Leroy R. Weekes, Sr., MC, AME –

Difficulties with personnel and solutions thereof – Capt. Hackley Eldridge Woodford, MC, AME – February 1944: Eastern Flying Command assumes command of Tuskegee Medical Department – 1/Lt Arthur H. Coleman MC AME – September 1945: the war ends – May 1946: 1/Lt. Celsus Elliott Beguesse, MC dies in B-25 mishap – TAAF closes and the hospital demobilizes – Summary of African American medical manning.

...the development of flight surgeons among Negro Medical Officers has had its inception and development at Tuskegee Army Air Field ...There have been no failures; all have made good records... and due credit should be given for the excellent job they have done as Flight Surgeons. ...Tuskegee Hospital Bulletin, 1946.

Capt. Maurice E. Johnson, MC, AME, O-212566 ²³

Although not specified in the official histories of any Tuskegee units, it is likely that a civilian CAA Aviation Medical Examiner had certified the physical fitness of each volunteer at his point of application for the CPTP as part of his acceptance into flying training. However, these private physicians did not furnish clinical services—"sick call"—to the various schools in the CAA program. The Tuskegee Army Aviation Detachment, the new Army Air Corps Advanced Flying Training Detachment at Moton Field and the later Tuskegee Army Air Field north of town would require a full Army Medical Detachment, a Station Hospital and the military flight surgeons necessary to manage medical, aeromedical and preventive medical programs.

Capt. Maurice E. Johnson, the first black Air Corps physician assigned to the new Army Flying Training Detachment (FTD) at Tuskegee, arrived at the Institute in January 1941. Johnson provided all initial medical services to the military cadre and the newly appointed cadets as they entered training. He attended the 19 June 1941 military dedication ceremonies on the Institute campus. An experienced Air Corps pilot and instructor, Capt. Noel F. Parrish (white) became the first commander of the FTD. Parrish's prior experiences as commander of military students training with the first Civil Contract Primary School of Aeronautics in Glenview, Illinois and with flying training at Maxwell led to his transfer from that base to duty at Tuskegee. Capt. Benjamin O. Davis, Jr., transferred from the Cavalry at Fort Riley, Kansas to the Air Corps at Tuskegee, arriving there on the day of the dedication. Davis entered flying training as a commissioned officer, not a cadet, and would become the Commandant of Cadets at the FTD. Second Lieutenant H. C. Magoon, a white Air Corps officer, transferred from the Advanced Flying Training School at Maxwell to Tuskegee in August 1941. Davis, Johnson, Parrish and Magoon, three captains and a lieutenant, two black and two white, formed the entire officer cadre of the Tuskegee Army Air Field Training Detachment (4, pp. 23, 28; 22, pp. 9-12; 36).

A native of Washington, D.C., Johnson graduated from Dunbar High School. Going on to Howard University, he received his A.B. in 1926 and his M.D. in 1930. Dr. Johnson interned at the Freedman's Hospital, Washington, D.C. in 1930-31, remaining there to serve as a Clinical Assistant in Eye, Ear, Nose and Throat medicine (EENT) through 1935. He maintained a private practice in nearby Rockville, Maryland until he

²³ The "O-212566" is Johnson's service number. These were assigned in order of date of commissioning. Thus, an officer's service number gives some indication of his or her date of commission relative to other army officers.

took a post as Assistant Physician at the Lakin State Hospital in West Virginia from 1936 to 1940. His Officer Reserve Corps (ORC) date of commission into the Medical Corps was 1 January 1941, eleven months before Pearl Harbor (22, App. I). Dr. Johnson's initial Army assignment as an Aviation Medical Examiner at Tuskegee in January 1941 indicates that he obtained his training through the flight surgeon correspondence course program, since no African American physicians entered the School of Aviation Medicine until January 1943.

Maurice Johnson's brother, Hayden C. Johnson, who was ten years his senior, practiced law in Washington for seven years before coming onto active duty during the summer of 1941 as adjutant and then executive officer of the 99th. In his book, The Fighting 99th Air Squadron, 1941-1945 (14), Hayden Johnson refers to his younger brother in the frontispiece picture caption and in the text as "...the first Negro flight surgeon in the world." Hayden Johnson began his service as adjutant of the 99th Pursuit Squadron, becoming its executive officer in November 1941. He wrote this description of the brothers' assignments to the 99th: "How my brother was picked to be the first Negro flight surgeon in the world, I may never know. I do know that he was directly responsible for my being called up to active duty in July 1941, while I was vacationing at Highland Beach, Maryland. I subsequently arrived at Tuskegee, Alabama while the field was about to be bulldozed" (14, p. 1).

The brothers deployed to North Africa with the 99th in April 1943. Capt Maurice Johnson received his Flight Surgeon rating there on 9 July. He served with that squadron in the U.S., North Africa, Sicily and Italy. Capt. Hayden Johnson returned to the U.S., joined the 477th Bomber Group in Michigan and transferred with it in May 1944 to a training site at Walterboro, South Carolina. [The history of the 99th Fighter Squadron in the next chapter presents more information about Dr. Johnson's overseas duty.]

Dr. Maurice Johnson returned to the U.S. in June 1944 when the 99th joined the 332nd Fighter Group in Italy (14, p. 11). After a well-deserved leave, he returned to his first post in Tuskegee, serving there as a flight surgeon for the rest of the war. He returned to civilian practice after the defeat of Japan in the fall of 1945, but remained in the Reserves, from which he retired in 1964 in the rank of Lieutenant Colonel.

After receiving postgraduate training as a psychiatric resident at New York State Psychiatric Institute in 1946, Johnson joined the Veterans Administration Hospital (VAH) system. He served on the staffs of VA facilities in West Virginia, Roanoke, Virginia and Salem, VA beginning in 1947. Returning to the VAH in Washington, DC, he served as Chief, Psychiatry/Neurology Section C from 1959-72 and Coordinator of Day Therapy and Rehabilitation 1963-72. He retired from the VA system in 1974. A member of the American Psychiatric Association, National Medical Association and the vestry of St. Luke's Episcopal Church in Washington, Dr. Johnson died of Alzheimer's disease on 13 August 1986 at Walter Reed Army Medical Center.²⁴

Flight surgeon duties in Tuskegee

²⁴ Obituary, Washington Post, 19 August 1986, p. B6; oral communication based on data from 1973 APA Biographical Directory, Gary McMillan, Librarian, American Psychiatric Association, Washington, DC, 31 March 2005.

Dr. Johnson was assigned directly as flight surgeon for the Advanced Training School and the 66th FTD. This arrangement reflected the Medical Corps policy of having a unit flight surgeon responsible to his line commander – Capt. Parrish, in this instance – rather than to a local medical commander. Soon after the 66th FTD began operations in June 1941, orders appointed Parrish, Johnson and Magoon to be the Detachment's Academic Board. These three officers also constituted the Aircraft Accident Board. This was the first time that an African American Medical Corps officer had served with white Air Corps officers in this capacity. As flight surgeon of the 66th, Johnson participated in the Academic Board's assessment of a student's capacity, motivation and general fitness to continue his training (22, Chap. 1). In the event of an aircraft mishap, the Accident Board would determine the probable cause; e.g., pilot error, mechanical failure, improper training, weather, runway conditions, or control tower instructions. Considering the rather primitive conditions of the dirt landing strip and roads at Moton Field, the uncertainty of communication and transportation, and the medical responsibility for flying operations, routine medical care, periodic physical examinations, board meetings, sanitary inspections and other duties, there is little doubt that the doctor was a busy man.

The magnitude of army flight training required a larger airfield to augment Tuskegee Institute's single short runway at Kennedy Field. G. L. Washington and two AAC representatives from Maxwell Field, Maj. L. S. Smith and Capt. James A. Ellison, negotiated a contract to purchase 650 acres of pine woods and farmland three miles northeast of the town of Tuskegee. Construction of Moton Field, named for a former president of the Institute, began in June 1941. The undeveloped property lacked water, electricity and telephone service during its early months. Engineers soon dug an artesian well that provided water, but full utilities were not available until November.

In addition to Moton Field, the army authorized construction of a standard flight training facility several miles to the north: a complete army post and airfield with three runways. Late in 1941 work began on the site that would become Tuskegee Army Air Field (TAAF), known after the war as Sharpe Field. The new army post would include a fully staffed and equipped Station Hospital (22, Chap. 1).²⁵

Army Air Forces staff and students began to arrive at Tuskegee Institute in July 1941 to augment the small cadre already in place. Major Ellison, the former Project Officer at Maxwell, assumed overall command at Tuskegee from Capt. Parrish on 23 July; Parrish remained as commander of the civilian flying training detachment. Air Corps instruction began at once, supplementing the training already being given at the Institute through the school's Reserve Officer Training Corps (ROTC) and CPTP programs. Students at the Institute could volunteer for the ROTC, or could apply to be cadets under the CPTP. Upon graduation from college, ROTC graduates received commissions as second lieutenants. If accepted for flying training, these men retained their military rank and privileges. CPTP graduates could enter military flying training as aviation cadets. Cadets served during training in the same status and for about the same pay as cadets at West Point or Annapolis, plus flight pay equal to half their base pay (46, 47). A cadet successfully completing flying training would receive silver pilot wings and gold second lieutenant bars at his graduation ceremony – a proud moment indeed (12, pp. 188-9).

²⁵ Data on Sharpe Field downloaded 21/03/05 from AirNav.com/airport/AL73.

Capt. Parrish remained in command of the civilian contract school from June 1941 until Maj. Ellison appointed him Director of Training for all TAAF flying programs on 5 December, two days before the war began. Capt. Johnson continued as the only flight surgeon assigned to the base. At the time of the Japanese attack on Pearl Harbor on 7 December 1941, the following organizations were active at Tuskegee: detachments of the Medical Corps, Signal Corps and Quartermaster Corps, the 99th Pursuit Squadron and the 66th TAAF Field Training Detachment (22). Flight training continued at the Institute's Kennedy Field south of town, and at the army's Moton Field to the northwest. Capt. Johnson provided sick call and flight line coverage at both fields, and cared for cadets and permanent party troops on the campus. Although a Station Hospital was to be located on the planned Army Air Field ten miles to the north, its construction had not yet begun.

1941-1945: The war years

The Japanese attack on Pearl Harbor accelerated American preparations for war. On 12 January 1942, Col. Frederick von H. Kimble replaced Maj. Ellison as TAAF commander, a post he held for almost a year. Kimble's personnel policies during 1942 (see Chauncey Spenser's report in Chap. 2) contributed to tensions on and off base that led to his replacement by newly promoted Lt. Col. Noel Parrish on 26 December. Soon a full colonel, Parrish served as TAAF commander until mid-1946 (6, pp. 75-82; 28, pp. 8-10).

Dr. Johnson had provided medical support at Tuskegee for all army personnel, along with a few enlisted medical personnel individually assigned to each unit. Other physicians arrived as the program grew, including Capt. James P. Ramsey in early 1942 and 1/Lt Vance H. Marchbanks, Jr. later that year. By the autumn of 1943 Tuskegee Army Air Field had its own Station Hospital, described below, as a detachment of the Maxwell Station Hospital. "Originally, two medical enlisted men were assigned to this organization [the 320th], but they have since been relieved from 'assigned' and [are] 'attached' as per Par. 19, SO #254, Headquarters, Maxwell Field, AAFFETC, Ala., dated 23 September 1943" (24).

The new Army presence on the Tuskegee campus imposed new regulations on existing facilities, including the school's Tompkins Dining Hall. During meals, a screen panel separated the student body from their military counterparts. Army inspectors looked over Institute facilities with great care:

Standards of sanitation requested [for all unit buildings and the cafeteria] evoked a mild surprise since things had never been done with so much precision. The campus hospital, John Andrews, was declared inadequate to handle the medical needs of soldiers. Indeed, they did not fit into the lay-out there...The exactness demanded by the Army...was a surprise to many of the workers who handled the small details...The program covered a five month training period in history, English, geography, mathematics, first year physics (including laboratory work, and physical and military training...the possible number of men to be sent would not exceed three hundred, with a monthly flow of about sixty to the classification center [to be sent on to pilot or other training] (25, pp. 1-8; 38).

The Army constructed four new buildings on the Tuskegee campus, "The Emerys," for use as barracks and classrooms. In the initial CTD training program, the faculty:

...sought to lay the foundation of the individual who must be the perfect cog in the perfect machine - the aircrew. Throughout this training we kept this thought uppermost; here, the aviation student received - first impressions of flight, of working together, of aircrew training and of the responsibilities involved in all those situations. Academic training has consisted of courses in Mathematics, Physics, History, Geography, English and Medical Aid...History, English and Geography were excellent media for the discussion and explanation of War Aims (24, p. 19).

Ordinary college students received care through the school dispensary. Dr. Johnson his two medical technicians provided easy medical access to cadets and the military cadre at the Tuskegee Institute bathhouse, converted to a cadet barracks. Johnson and later TAAF AMEs or flight surgeons performed the required physical examinations and assured that students continued to meet flight standards and daily fitness for flying training, taking into account any illnesses or injuries that required treatment. By mid-1943 the medical staff had access to the Station Hospital at Tuskegee AAF whenever extensive diagnostic procedures, outpatient consultation or inpatient treatment became necessary.

Fitness to fly involves more than just normal physical and mental abilities: not every healthy person can fly military aircraft in overseas combat for a year (16, Ch. X). Along with the instructors, the flight surgeon had official responsibilities concerning the motivation, ability, mental stability, hardiness and resilience required of a combat aviator. Faculty members and the flight surgeon made careful subjective judgments about each student's readiness to progress through the successive training courses, and lack of one or more of the necessary qualities could lead to an Academic or Flying Evaluation Board and perhaps to termination of training—"washing out."

Following ground school, the cadets took a 28-day flight line course given four miles south of the Institute at Kennedy Field, referred to as Field No. 1 after construction began at Field No. 2, Moton Field. Twelve flight instructors, some black and some white, gave the courses, performed inspections and drilled cadets about "the ignition and functioning of engines, use of controls, taxiing, takeoffs, safety precautions and flight patterns" as well as aircraft line inspection, light maintenance and Civil Air Regulations. Ten hours of Flight Orientation taught basic flight maneuvers and, supported by Dr. Johnson's aeromedical experience, helped students surmount "the hurdles of airsickness, fear of flight, lack of ability to take orders, lack of confidence, etc." (24, pp. 9, 20.)

The Tuskegee Station History includes a letter from Johnson to Capt. Noel Parrish in September 1941 concerning messing facilities operated by the civilian food service contractor. Johnson agreed with a proposal to increase the food budget allowance for each cadet from \$20 per month to \$30. "With this amount—one dollar a day—there should be no further complaints on the food situation." The food service manager responded that the cadets would complain about the food regardless of any steps taken to attend to their needs (22, App. IV).

When the flight line opened at Moton Field in August 1941, Johnson not only provided flight line sick call, but also assumed supervision of the stand-by crash ambulance during active flying periods. The driver and technician manned a civilian ambulance provided by the Institute until an Army ambulance arrived in November. Its requisition took much time and administrative effort, as did all supplies and equipment ordered for Tuskegee during these early months.

Moton Hanger No. 1, the only building on the field at the time, had no office rooms. Capt. Parrish and Lt. Magoon shared a table as their desks in the open hanger, and an army

private nailed together a rough support for the secretary's typewriter. The officers kept their files in apple crates. Parrish bought a bottle of citronella "for personal use behind their ears" to repel the flies, gnats and mosquitoes that flew freely into the open hanger (22, p. 21). No ground communication existed at Moton Field until a commercial telephone with one extension was installed in November 1941.

Dr. Johnson remained the flight surgeon to the 66th until August 1941, when he assumed primary duties at Moton Field with the 99th Fighter Squadron as its non-flying cadre began to organize. He continued his previous support to the 66th as well, since the 99th did not begin to receive its pilots until the following spring. No unit histories record the date that Capt. James Ramsey arrived as AME for assignment to the Station Hospital, but it must have been some time in the winter or spring of 1942.

On 1 June 1942, 1/Lt Vance H. Marchbanks, Jr. arrived from Fort Bragg, North Carolina on detached duty with the 66th Tuskegee AAF Flying Training Detachment. The 1942 Tuskegee Yearbook pictures Marchbanks, now a captain, as the "Flight Examiner" on the staff of the 66th's Commanding Officer, Major William T. Smith (white) (21). Marchbanks received a permanent transfer into this position in August 1942, received his AME rating in December, and remained with the 66th until Lt. Col. Benjamin O. Davis, Jr. requested his transfer into the 332nd Fighter Group in the fall of 1943.²⁶ Johnson, Ramsey and Marchbanks assumed the added responsibility of flight line coverage at Kennedy and Moton Fields, and later Tuskegee Army Air Field, as flying activities increased.

Tuskegee Army Air Field Station Hospital

As we have seen, permanently assigned army cadre and the cadets received medical care from dispensaries located on the campus of the Tuskegee Institute. Construction of the Army Air Field, with its three runways, proceeded through 1942 and into 1943. The new army post included a Station Hospital to furnish inpatient and outpatient ward facilities, clinics and ancillary medical services to all flying and non-flying military personnel, and to some family members. The hospital was a part of the TAAF Base Unit, located about ten miles north of the town of Tuskegee and seven miles northwest of Moton Field. Hospital buildings were sited several hundred yards from the new flight line. Beginning with one or two small structures, the complex added many buildings during early 1943: separate wooden one-story wards, a laboratory, surgical suites and administrative offices. These buildings were made in the standard army cantonment style: simply constructed, long and narrow parallel one-story wooden frame structures painted flat white. Each building stood about fifty feet from the others, spacing that diminished the chance that a fire or an enemy attack might damage more than one ward. Covered walkways with open sides connected the wards and offices, giving some protection from sun or rain to staff and patients traveling from one location to another (10; also photographs in 44, "Station Hospital" section). Cantonment construction was designed for use at permanent posts and airfields in the U.S. and overseas.

²⁶ Personal communication from Mrs. Vance H. Marchbanks, Jr., and Roslyn Marchbanks-Robinson, 31 December 2005. Mrs. Marchbanks also recalls that Davis encouraged her husband to apply for a regular commission in the Army Air Forces.

Although the cadets and cadre lived on or near the campus, the first enlisted troops staffing the hospital lived with other new arrivals under field conditions in two-man pup tents. “Field conditions” meant amenities such as open-air lines for meals at field kitchens and canvas Lyster water bags instead of faucets. The first ‘toilets’ were open-air straddle latrines – simple trenches surrounded by vertical canvass curtain walls – that were soon replaced by latrines inside tents covering individual (“one-holer”) or multiple boxes (“three-holer,” “five-holer,” etc.) with wooden toilet seats. Progressive construction provided larger tents and then permanent facilities as time passed. This early experience proved to have training value in matters of field sanitation for those who later served in the Mediterranean theater, and especially for the medical troops responsible for measures affecting sanitation and preventive medicine.

Flight line dispensaries furnished crash ambulance coverage for flying activities and convenient sick call services for minor medical complaints or injuries to enlisted troops working there. AMEs from the Tuskegee Station Hospital rotated between the hospital Flight Surgeons Office and the flight lines at Moton, Kennedy and Tuskegee Army Air Fields, keeping physicians current in both inpatient and outpatient care.

Air Force Historical Research Agency (AFHRA) files concerning the TAAF and its Medical Department contain much undated medical information, making it difficult to determine the personnel strength and composition of the Station Hospital and its clinics at any specific time. Many of the medical, dental, and other professional personnel were permanently stationed at Tuskegee throughout the war years. A few of the medical officers originally assigned to Tuskegee for routine medical duties (e.g., general medical officers, surgeons, internists) received flight surgeon training during the war. Some of these new AMEs served Tuskegee Base Unit aeromedical duties, while others received reassignment to predominately African American units located elsewhere.

The Hospital became active in early 1942. An early roster lists an African American Army physician, Lt. Col. DeHaven Hinkson, MC as Post Surgeon, the only mention of his name. A senior medical officer, Lt. Col. Richard C. Cummings (white), arrived sometime in 1942, replacing Hinkson as Post Surgeon and Base Hospital Commander. Cummings, soon promoted to the rank of colonel, held a flight surgeon rating and assisted in providing medical services to the cadets until mid-1946, when the hospital became a ten-bed dispensary.²⁷ An undated organizational chart issued during the war shows that most of the medical staff worked within the Professional Services Office in the Medical, Dental, Surgical, Nursing and Administrative Services. The Flight Surgeons Office, the Veterinary Office and a few other services reported directly to the Post Surgeon and his Assistant Surgeon rather than to the Professional Services.

The earliest roster of the medical unit reported 164 medical personnel. This list included 22 Medical Department officers, divided among the Medical Corps (MC), Dental

²⁷Personal communication from Mrs. Vance H. Marchbanks, Jr., and Roslyn Marchbanks-Robinson, 31 December 2005. Mrs. Marchbanks remembers Dr. DeHaven Hinkson at Tuskegee. She does not recall whether Lt. Col. (later, Col.) Cummings provided flight line coverage. Hinkson is barely mentioned in official records available at the U.S. Air Force Historical Research Center, Maxwell Air Force Base, Alabama. He does not appear to have been a flight surgeon. This lack of official information in Air Force records may indicate that he transferred to an Army medical facility for ground forces. The last mention of Hinkson’s name is as a visitor to Tuskegee late in the war.

Corps (DC), Medical Administrative Corps (MAC), and Veterinary Corps (VC). The report did not specify the number of officers in each Corps, but more Medical Department personnel arrived for duty as the Air Field grew. Twenty Nurse Corps officers (NC), two warrant officers (WO) and 120 enlisted men (EM) provided clinic and ward services to the patients (42-44).

Early Station Hospital staff pictures include (* = later became AMEs):

1. Lt. Col. Richard C. Cumming, Commander
2. Maj. George McDonald, Chief of Medical Services
3. Capt. Elbert Brown Singleton, Ward Officer *
4. Capt. Roy C. Hairston, Medical Officer
5. Capt. William B. Henderson, Medical Officer
6. Capt. Wayne C. Howard, Medical Officer
7. Capt. Glenford P. Mussenden, Medical Officer
8. Capt. William P. Quinn, Medical Officer (X-ray)
9. Capt James P. Ramsey, Flight Examiner
10. Capt. Harry L. Riggs, Medical Officer
11. Capt. Harold Thornell, Medical Officer *
12. Capt. Leroy R. Weekes, Flight Surgeon
13. 1/Lt R.W. Dockery, Medical Officer
14. 1/Lt. Bascom S. Waugh, Medical Officer *

[Note that this roster does not include Capts. Maurice E. Johnson and Vance H. Marchbanks, Jr. who were not assigned to the hospital, but directly to the TAAF (44).]

In January 1943, Captains Harold Thornell and Bascom Waugh of the Tuskegee Station Hospital became the first two African American flight surgeons trained in residence at the School of Aviation Medicine at Randolph Field, San Antonio, Texas. They graduated in March 1943. Thornell and Waugh were the “two Negro physicians” described by Brig. Gen. Reinartz in his oral history, cited above. Tuskegee documents written after the war mention that the eight Tuskegee medical officers attending the Randolph school did well there. All eight graduated as Aviation Medical Examiners (18, p. 186; 23; 24; 41).

A July 1944 report shows that an average of five of the 150 Tuskegee aviation cadets on post reported for daily sick call. The daily “temporary loss due to illness” listings numbered about 22. Ten were absent because of communicable diseases, eight were confined to their barracks for medical observation (“quarters” status) and four were hospitalized. These numbers varied from period to period.

After TAAF transferred from the Training Command to the Tactical Air Command in April 1946, most of the staff demobilized and returned to civilian life. The medical facility shrank from hospital to dispensary status during the summer. All medical services ceased in November 1946 when the base became inactive and the TAAF became a “standby” organization. Unfortunately, no official hospital reports include a complete listing of the medical staff by name and position at any time during its history.

The following information is available about some of the individual physicians who provided aeromedical services for the Tuskegee schools and their supporting organizations.

Capt. James P. Ramsey, MC, AME

We could not determine when Capt Ramsey was posted to Tuskegee, or when he completed his AME course. He was probably the second AME at Tuskegee after Dr. Johnson, who had arrived in January 1941. Ramsey is listed in the 1942 Tuskegee History as a Flight Examiner. In October 1942 he transferred from the Tuskegee Station Hospital into the 332nd Fighter Group as it formed at Tuskegee. Ramsey accompanied the 332nd to Selfridge Army Air Field, Michigan in November 1943, where the 301st Fighter Squadron flight surgeon, Capt. Vance H. Marchbanks, Jr., replaced him as 332nd Group Surgeon. Ramsey became Group Surgeon for the newly formed 477th Bombardment Group (Medium). The 477th transferred to Godman Field, Kentucky in mid-1944 and remained there for the rest of the war (see Chapters Four and Five). We will discuss Ramsey's roles in the histories of these units; unfortunately, we have not been able to trace his life after the war.

Capt. Leroy R. Weekes, Sr., MC, AME O-331270

Leroy R. Weekes, Sr., MC, Capt. AME, received his B.S. degree in 1935 and his M.D. in 1939, both from Howard University. He interned at the Providence Hospital in Chicago from July 1939-June 1940. He served a rotating internship at Burnell Memorial Hospital, Roanoke, Virginia from July 1939 - October 1940. Weekes began a residency in obstetrics and gynecology at the Freedman's Hospital, Washington, DC, training there for five months until March 1941, when he reported for active duty with the Infantry. He transferred to the Medical Corps at Tuskegee on 15 May 1942. Later receiving aeromedical training, he was rated as an Aviation Medical Examiner on 15 March 1944 (35, #4). Captain (later, Major) Weekes appears to have served at Tuskegee throughout World War II, leaving the Army after the end of the war. He later became a Professor of Obstetrics and Gynecology at Drew University in Los Angeles, where the Leroy R. Weekes, Jr. Memorial Support Building is named in his son's honor.²⁸

After Dr. Marchbanks transferred from the 66th TAAF FTD to the 301st Fighter Squadron in the fall of 1943, Capt. Charles W. Brooks MC AME and then Capt. E. Brown Singleton MC AME were detached from duty with the Station Hospital and attached in sequence as Surgeons to the 66th, which became the 2143rd in 1944. Capt. Hackley E. Woodford MC served as Assistant Surgeon to Brown and Singleton, although records do not clarify whether he became an AME during this period. These medical officers did most of their work in Sage Hall, one of the buildings used to house and train the cadets on the Tuskegee campus. The doctors also used the small flight line dispensaries at Moton and Sharpe Fields to provide convenient sick call services for all personnel working there. Four enlisted men—a sergeant “assistant,” a medical technician, an ambulance driver and a clerk—supported the physicians in their administrative and professional duties. The two medical officers spent much of their time on the flight line, not only in routine sick call and inspections, but also in talking with the trainees, which helped a great many of them to be successful in their training (34). Informal contact with fliers in their own environment,

²⁸ Postwar data downloaded from www.cdrewu.edu/site/about/history on 31 March 2005.

rather than in the somewhat forbidding ambiance of a medical office, had always been an important function of aviation medicine (15, 16).

The following paragraphs from a 2164th Unit History outline some of the organization's problems:

DIFFICULTIES WITH PERSONNEL AND SOLUTIONS THEREOF

Although the instructors are considered entirely capable, they tend to hold on to weak students too long in some cases.

Difficulty has also been experienced with the personnel of the Medical Department. Considerable inconvenience and possible inefficiency have been caused by the constant change in the personnel of the Medical Department. Every two or three months, one of the two medical officers (usually the senior or rated officer) is transferred out, and a replacement furnished. Considerable diplomacy and understanding is needed in dealing with the Civilian Contractor on such matters as mess and physical examination. It seems that this contractor's personnel just become adjusted to the methods of one officer when he is transferred and a replacement with new ideas and methods is assigned.

During the period 1 February 1944 through 30 June 1944, the following changes in Medical Officers were made:

Gains:	Captain Charles W. Brooks, O-493765	10 May 44
	Captain Elbert E. Singleton, O-479245	21 Jun 44
	Lt. Reynold E. Bush (<i>sic</i> ; actually, Burch)	29 Jun 44
Losses:	Captain Elbert E. Singleton,	6 May 44
	Captain Hackley E. Woodford, O-493354	23 Jun 44
	Captain Charles W. Brooks	26 Jun 44

13 Mar 44: Capt. Singleton transferred to the TAAF Station Hospital, replaced by Capt. Brooks, who had just come in from Selfridge Field, where he was AME to the 477th Bomb Group. On 6 June, Capt. Singleton returned to the 2164th when Capt. Brooks returned to the 477th at Godman Field. On 12 June, Capt. Woodford transferred to the TAAF Station Hospital, replaced by Lt. Bush (36, pp. 13-14, 47ff).

Capt. Hackley Eldridge Woodford, MC, O-493354

Hackley E. Woodford, M.D. (2 July 1914 – 28 January 2005) was born and raised in Kalamazoo, Michigan. A talented musician (soloist and violinist with the Woodford Family Musical Group), he graduated from Kalamazoo Central High School in 1932 and from Western Michigan University in 1936. He earned his M.D. degree from Howard University in 1940 and interned in Chicago's Provident Hospital from 1940-1942. Inducted into the Army Medical Corps, he served as Assistant Surgeon with the AMEs at Tuskegee throughout the war, although he never took the AME course. While working there he learned to fly as a private pilot. He remained active in the Tuskegee Airmen organization for the rest of his life.

Dr. Woodford moved to Benton Harbor in Lower Michigan after the war and established a family practice there. He took the lead in desegregating the town's Mercy Hospital: "I believe my Black patients must have the same treatment and courtesy as my White patients." This became hospital policy "without public fanfare." During his years of practice he delivered more than 3000 babies. He became the Chief of Medicine and Chief of Staff in nearby St. Joseph, Michigan. In civic affairs, Dr. Woodford was a member of the local school board and the Twin Cities Symphony Orchestra. He and his

brother Thomas, a podiatrist, became active impresarios, bringing artists Paul Robeson, Marian Anderson, Camilla Williams and Roland Hayes to the community, as well as notable public figures such as Thurgood Marshall and Mohammed Ali.

Dr. Woodford closed his practice in 1970 and accepted a membership in southern California's Kaiser Permanente Medical Group as a family practitioner, later becoming the first member of that group to be certified by the American Board of Family Practice. He retired from medical practice in 1984 and moved to San Diego, where he and his wife lived until his death in 2005.²⁹

Eastern Flying Command assumes command of the Tuskegee Medical Department

From 1 Feb 44 – 30 Apr 44, the two physicians and four enlisted men of the TAAF BU Medical Department were transferred to the command of the Medical Department, AAF Eastern Flying Training Command at Maxwell Field, Alabama. These medical personnel thus became assigned to Maxwell but serving as Medical Department with the 66th AAF Flying Training Detachment, Moton Field, Tuskegee Institute, Alabama. This detached service was separate from the permanently assigned Station Hospital personnel. The six 66th medical personnel "detached service" would today be considered in "Temporary Duty" or TDY status (36, pp. 47ff).

However, on 1 May 44 the 66th AAF Flying Training Detachment became the 2164th AAF BU Contract Flying School. Command and control of all Tuskegee Medical Detachment personnel reverted from the Maxwell Medical Department back to the 2164th AAF BU. As additional duties, the Surgeon and Assistant Surgeon of the 2164th assumed the same posts with the 2211th AAF College Training, Aircrew of the Institute, which had taken over Tuskegee's introductory training courses. On 20 June 44, Captain George C. Page MC transferred to 2164th AAF BU from the Medical Detachment of the 2211th AAF BU (36, pp. 47ff).

The Surgeon of the 2164th held the following duties: aviation medical examiner, mess officer, member, Ground Safety Committee, member, Academic Board. The Assistant Surgeon was also: chemical warfare officer, medical supply officer, member, Personnel Inspection Processing Board, venereal disease control officer, and food handlers' examiner. Among their duties was troop instruction, and subjects included venereal disease, psychiatry and malaria prevention. The medics had many reports to prepare: weekly subjects included statistics, personnel rosters, and Care of Fliers; monthly reports covered base and mess sanitation, venereal diseases, statistics, personnel rosters, roster of civilian flight instructors, and a summary of the Sick and Wounded (36, pp. 47-51).

A Medical Bulletin issued in the spring of 1945 states:

Five medical officers from TAAF have completed the examiner course, Randolph Field [this may refer to the extension course given by mail]; eight have attended the School of Aviation Medicine at Randolph Field, and all are rated flight examiners. Six of these officers are on duty overseas (43).

Toward the end of the war, personnel of the Hospital came under the administrative supervision of the 2143rd AAF Base Unit as its "Squadron E." Sqn. E's monthly report for March 1945 shows 48 officers and 98 enlisted troops on the roster. Various orders during

²⁹ Data from Dr. Woodford's obituary in the Herald-Palladium, Benton Harbor, Michigan, 1 February 2005.

that month mention the following physicians in terms of additional duties or leave status: Col Cumming, Maj. Thornell, and Capts. Weekes, Quinn, Mussenden and Harry L Riggs. The following month, Capt. John B. Manly, MC O-386994 transferred from the 372nd Infantry Regiment, Ft. Huachuca, Arizona to the Tuskegee Station Hospital. Capt. Manly received orders in June 1945 to attend the 14-week Aviation Medicine Examiner Course at the School of Aviation Medicine at Randolph Air Field, Texas (32, 42).

Advanced twin-engine flight training in B-25s stretched available runways in the Tuskegee flying area to their limits of safety. In May 1945, TAAF acquired Army flying rights into the Troy, Alabama Municipal Airfield about 40 miles south when Maxwell Field in Montgomery ceased its B-24 flying training program. "The first flying off this field took place on 29 May. During the first few weeks of operation the [Tuskegee] ambulance crew, crash truck crew and guard detail were flown daily to the field." Later construction at Troy provided the buildings required for the equipment, and "only the ambulance crew is presently being sent to the field," an additional duty for the available medical personnel (43).

Even after four years of war, the local facilities available to African Americans in the town of Tuskegee were scarce, and the author of the history goes on to comment that the only restaurant in town continued to close every Sunday and at various times during the week because, as mentioned above, "the cook got drunk again." This meant that officers and men who "do not maintain a home are once again wending their way to Auburn, Opelika and other surrounding points in quest of a meal on the seventh day of the week" (30, p. 7). Given the poor roads and the wartime rationing of gasoline and tires, such trips were demoralizing. They also increased the chances of encounters leading to venereal diseases, a constant medical problem.

1945: The war ends

Hospital personnel, along with other TAAF soldiers, demobilized after the war ended in September 1945 according to a "point system" under which those with the longest service—e.g., the most senior and experienced—were the first to be released from active duty. In January 1946, Capt. Maurice E. Johnson, the Chief of the Flight Surgeons Unit received orders releasing him from Tuskegee and transferring him (along with the staff ophthalmologist, Capt. Wayne Howard, O-369488, to the AAF Separation Center at Maxwell Field. Two "young medical officers," 1/Lts. Arthur H. Coleman and Edward H. Copper, arrived from Ft. Huachuca as replacements.

Maj. Leroy R. Weekes, MC, FS assumed the duties of the departing Maj. Theodore R. Pinckney, AME. In February 1946, Maj. Weekes was relieved at Tuskegee and transferred to Ft. McPherson, GA for separation from the AAF. By the end of March, Hospital strength was down to 31 officers and 76 enlisted men to serve "field strength" of 1797 troops (35).

1/Lt Arthur H. Coleman MC AME, O-1726080

Dr. Coleman (18 February 1918 - 26 December 2002) grew up in the St. Louis area. He was a graduate of Howard University College of Medicine. After the war, Dr. Coleman moved to San Francisco, becoming one of the first African American physicians in the Bay

area. He earned a law degree from Golden Gate University, and became active in matters involving health care and civil rights. In addition to work on voter registration and disease prevention awareness in his community, he founded and chaired the board of National Medical Fellowships, which awarded grants to minority students and worked to increase awareness of medically underserved populations. At the time of his death, St. Luke's Hospital in San Francisco noted that, "he regularly worked 75-hour weeks until at 80 he contracted lung cancer. When he passed away, it was one week after his last day in the office."³⁰

April 1946 losses included two doctors who transferred to Lockbourne, Capts. Glenford E. Mussenden O-531269 and Theodore R. Pinckney O-471721 (28).

"During the forepart of this period, a serious shortage of experienced personnel, commissioned and enlisted, persisted in this squadron. The single [Sqn. E] officer had not only full squadron responsibility but had also a heavy extra-squadron duties, resulting from separation of other administrative officers of the hospital...a loss of general efficiency is apparent." On 25 March 1946, the Hospital held its fourth anniversary dinner, with Col. Cumming as "chief speaker" (34). This period was also marked by the transfer of the Tuskegee Army Air Field and all its component units, including the Medical Department, from the AAF Flying Training Command to the Tactical Air Command on 15 April 1946 (34, App. I, General Orders No. 9, HQ TAC, Tampa, Florida).

First Lieutenant Celsus Elliott Beguesse, MC, O1-754871

Shortly after the Command transfer, the hospital experienced what may have been its greatest test as a military medical facility:

Perhaps few like periods in this Station Hospital's History have witnessed a greater loss in commissioned personnel. During April, the staff lost five nurses transferred to Lockbourne Army Air Field and now nurses through separation. One medical officer left the service, another returned to civilian practice, and a third, the promising and young Chief of Professional Services died suddenly of shock in the tragic B-25 airplane crash southwest of the field near midnight on 19 May 1946 (29).

Dr. Beguesse was among the eight men killed in this crash; three survived with severe injuries. Beguesse graduated from the University of Illinois Medical School in 1943. Although he was not an AME, he was the only Tuskegee physician to die while on active duty. Information about this crash may be found in HRA Aircraft Accident file 46-5-19-3. The plane was a TB-25J, tail number 44-30624, assigned to Tuskegee for advanced twin-engine flight training. The pilot, copilot, crew chief and eight passengers were returning from a trip to Chicago on the evening of 19 May 1946 when they encountered thunderstorms during their approach to Moton Field. Capt. John Daniels of the 385th AAF BU was at the controls. An experienced and instrument-rated instructor pilot with 1519 flying hours, 612 in TB-25J aircraft and 368 hours of combat flying, Daniels had as his co-pilot Capt. Arnold Cisco, an instructor with equal non-combat experience and qualifications (32).

³⁰ Press release for Black History Month, St. Luke's Hospital, San Francisco, 1 March 2005.

Tower operators and other witnesses reported that the aircraft made a low approach down Runway 32 at an altitude later estimated at 200 feet. The pilot verified by radio that the lights indicated the active runway, and then made a steep left turn for runway alignment and landing. The aircraft disappeared during this turn, at about 11:35 PM. A moment later, a nearby lightning strike briefly extinguished all field lighting. The tower could not establish radio contact with the plane, and the operators speculated that the pilot had perhaps elected to land at an alternate field. In fact, the B-25 had crashed in thick pine woods about a mile away near Milstead, Alabama (32).

A survivor struggled from the crash site toward the lights of the airfield, found an empty guardhouse and reported that the plane had gone down. A crash alarm sounded at 11:50 PM. First Lieutenant Arthur H. Coleman, an AME serving as Medical Officer of the Day at the Station Hospital, notified Col. Cumming, the Post Surgeon. Driving to the guardhouse in the ambulance, Coleman and his driver located the injured passenger at 12:20 AM and started first aid. Other crash responders searched for the downed aircraft in the stormy darkness of the woods. At 2:40 AM, they located the plane about a mile from the field. Three severely injured survivors had crawled out of the inverted and crushed fuselage, while another man remained trapped inside. The other men were dead. Coleman later reported:

All efforts were futile to remove the [injured] man in the plane, and...a runner was sent back to get the crash crew. Realizing that three men were in need of medical attention, that the only man alive in the plane was in his terminal phase and that the Hospital was probably without a Medical Officer to attend to the three survivors, I instructed Lt. Dupuy H Anderson, DC, to act in my place as the scene of the accident. Thereafter, I returned to the hospital to render medical care to the three survivors (32, Coleman Statement, p. 3).

The remains of the victims, including Dr. Beguesse, were finally brought to the hospital at 11:00 that morning. Subsequent investigation determined the cause of the mishap to be human error. The pilot had made a low, steep left turn to the east in the face of adverse weather coming in from his right (southwest). The wind increased the bank of the aircraft and decreased its lift so that lowered left wingtip struck treetops about a mile from the field. This impact tore off the outer half of the left wing. The plane flared upward, rolled inverted, and crashed into the forest (32).

Although the manifest listed three crewmembers and seven passengers, one of the survivors stated that an eighth passenger came aboard in Chicago at the last moment and took a seat far back in the fuselage. This may have had an adverse effect on the weight and balance of the aircraft in the critical moment just before it crashed. The board cited the pilot's poor judgment in making a low, steep turn to land, rather than in breaking off the approach and diverting to a nearby base. They also noted that the pilots might not have considered the unlisted passenger's weight and location in the plane as they prepared to land. Such an omission could have affected the balance of the aircraft and contributed to the effects of the weather in causing the accident. A penciled note in the margin of the report summarized the investigator's opinion: "Looks like a case of trying to hurry up his landing and as a result flew into the ground while in a turn to the left" (32).

TAAF closes and the hospital demobilizes. Summary of medical manning.

At the time of the crash, the Station Hospital staff commanded by Col. Cumming numbered 20 officers (six were nurses), one warrant officer and 75 enlisted men. With an average military and civilian base population of about 2100 persons, the average bed occupancy in the base hospital (including civilians) had dwindled to 26 (28, p. 23). Tuskegee Army Airfield ceased its flight training operations on 29 June 1946. The field retained a minimal operation until September 1, so that its remaining staff pilots could stay proficient. Meanwhile, the hospital rapidly demobilized to a ten-bed minimum care facility in response to Tactical Air Command orders, and then dwindled to a dispensary staffed by two medical technicians. Along with the rest of the base, the dispensary closed in November 1946 (28, p.4). Tuskegee Army Airfield Medical Bulletin #4., published in the spring of 1946, gives the following cumulative information about Station Hospital physicians. The untitled document presumably lists those remaining on the staff as the Medical Detachment drew down:

[* = *Flight surgeons or aviation medical examiners*]

Col. Richard C. Cumming MC *
Capt. Glenford P. Mussenden MC
1/Lt Arthur H. Coleman MC *
1/Lt. Edward H. Copper MC *

Listed as having transferred from staff:

Capt. Theodore Pinckney MC *
Maj. William P. Quinn MC
1/Lt. Thomas H. Billingslea MC

Listed as having separated from the Army:

George McDonald Lt Col
Harold Thornell Maj *
Maurice E. Johnson Maj *
Bascom C. Waugh, Maj *
Leroy R. Weekes, Sr., Maj *
R. W. Dockery Capt
Harry L. Riggs Capt
John B. Manly Capt *
Maynard H. Law Capt
Wayne C. Howard Capt
Allison B. Henderson Capt
James M. Sullivan Capt
Stanley M. Brown Capt

Listed as deceased:

Calsus [sic] L. Beguesse, 1Lt, MC

The 1946 Medical Bulletin summary of the service of the Tuskegee flight surgeons provides a fitting close to this chapter:

Following return to civilian status of Major Harold E. Thornell, Maj. Maurice E. Johnson, Flight Surgeon with the 99th Fighter Squadron, served as Flight Surgeon until his release from the service. Major Leroy R. Weekes, Flight Surgeon, continued the work of this Department, and on his return to Freedman's Hospital [Washington, DC] Major Theodore R. Pinckney, AME, took charge of the unit. Work in the Flight Surgeon's Unit is composed mainly of AGO For 54 examinations and the general physical welfare of the pilots, students and cadets. The unit has continued to operate under the supervision of Col. Richard C. Cumming, Sr. Flight Surgeon, with the able direction of Majors Thornell, Johnson, Weekes, Flight Surgeons, and Major T. R. Pinckney, AME.

All standards for physical examination for flying, as well as directives for pilots and other rated personnel, are carefully carried out. Every possible effort is made to keep cadets in the very best physical, mental and spiritual condition, so that they may be at their best in training.

During the life of the Field, 1660 cadets have been under the direction of the Flight Surgeon's Unit. A total of 992 graduates of the Field indicated a fine degree of success in the great effort to keep "fit to fly" both students and instructors.

Oxygen indoctrination has been continued, and lectures given on all mental aspects of flying. These lectures have been of real value to the students, in that they have learned a great deal of useful information. Col. Cumming, Majors Thornell, Johnson, Weekes, Pinckney and Captain Pegg have all assisted in this work of the Department.

In retrospect, the development of flight surgeons among Negro Medical Officers has had its inception and development at Tuskegee Army Air Field. Some 15 members of the medical staff have successfully completed the course at the School of Aviation Medicine, Randolph Field, Texas. There have been no failures; all have made good records. There were approximately five Medical Officers who completed correspondence courses at the School and later received their Flight Surgeon ratings: all of these men have seen service at Tuskegee Army Air Field and due credit should be given for the excellent job they have done as Flight Surgeons. Here it is felt that the fine success of the entire training program has been due in no small degree to the abilities, interests, and conscientious efforts of the flight surgeon staff (41, p. 10).³¹

³¹ Col Roosevelt J. Lewis, USAF (Ret.), Chief Flight Instructor at the modern Tuskegee Airport Fixed Base Operation, has researched this number, and reports 998 graduates (conversation with David R. Jones).

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CHAPTER FOUR

AEROMEDICAL SUPPORT FOR THE 99TH FIGHTER SQUADRON AT HOME AND ABROAD, 1941 - 1944

March 1941: activation and early days of the 99th Pursuit Squadron—May 1942: the 99th Fighter Squadron prepares for war—March 1943: deployment to North Africa—Fardjouna and combat: aviation medicine in the desert—Lt. Col. Momyer and Maj. Cochran—June 1943: Pantelleria and Sicily: first combat victories and losses—September 1943: Lt. Col. Davis returns to U.S. Tuskegee Airmen challenged by Momyer and vindicated by Congress—With the 79th Fighter Group in Italy: mud and glory—1 April 1944: reorganization, relocation and reunion with the 332nd Fighter Group

“These guys are a collection of natural dive bombers!” ...Major Philip Cochran

March 1941: activation and early days of the 99th Pursuit Squadron

The War Department activated the 99th Pursuit Squadron at Chanute Field near Rantoul, Illinois on 19 March 1941. A few officers and men of the African American 24th and 26th Infantry Regiments, stationed at Fort Huachuca, Arizona and Fort Benning, Georgia respectively, received assignments to Chanute for cadre support to the squadron. Lt. Hayden C. Johnson, an experienced lawyer from the Washington, D.C. area, served as its first adjutant. Recently inducted into the Army Air Forces, Johnson was the elder brother of Capt. Maurice E. Johnson, the first Tuskegee flight surgeon [See Chap. 3].

New recruits of all ranks trained in segregated Air Corps Technical Schools at Chanute as mechanics, clerks and other specialists. Collectively, these African American enlisted troops were better educated than their white counterparts. About 90% had graduated from high school, and some had college or graduate degrees. The fledgling 99th Squadron transferred to Tuskegee in November 1941 to receive its first pilots, serving there under a series of white commanders. Maj. James A. Ellison held the position until 10 November, followed by Capt. Harold R. Maddux (10 Nov - 6 Dec 1941), 2/Lt. Clyde H. Bynum (6 Dec only), and Capt. Alonzo S. Ward of the Air Corps National Guard (6 Dec 1941 - 31 May 1942).

The first African American squadron commander was 1/Lt. George S. (“Spanky”) Roberts (1 Jun - 21 Aug 1942), succeeded by Capt. Benjamin O. Davis, Jr. (22 Aug 1942 - Sep 1943). Lt. Hayden C. Johnson served briefly as commandant of the first cadre of cadets in pilot training at Tuskegee, and then became the 99th’s executive officer. Considerably older than the other squadron officers, his legal experience helped him handle this sensitive position (7, p.2; 12, p. 17; 18).

The announcement of a Negro flying unit sent black men across the country scurrying to their recruitment officers. What kind of men were they? One of the later replacement pilots, Roscoe Brown, [said], “We had a group of high-achieving people who had their own egos and a disproportionate percentage of leaders. That was implicit in the way we were recruited; they went out and selected the brightest and the best.” ...Lee Archer sided with Brown: “The cadets were uniformly arrogant and conceited, a different type of people from those I had left in New York. It was a group just like me. If there was a modest, shy man there, I didn’t meet him.” The first student chosen and the commander-presumptive of the squadron to be formed was Lt. B.O. Davis. However, the doctor conducting his pre-flight physical apparently hadn’t been briefed and dutifully reported that Davis had an advanced case of leprosy. The frantic Air Force quickly found another doctor and explained the situation, and this time the leprosy symptoms were found to have magically vanished (5, p. 46).

Tuskegee's first class of thirteen student pilots received the designation 42-C. As its only commissioned officer, Capt. Benjamin O. Davis, Jr. became student commandant of the twelve cadets that were his classmates. Tough training standards took their toll: of the thirteen student pilots, six graduated from Primary Flight Training. Another student washed out during Basic Flight Training, leaving five to graduate 11 January 1942: Capt. Davis and Aviation Cadets George S. Roberts, Mac Ross, Lemuel L. Curtis and Charles H. DeBow.

The trainees proceeded to Advanced Flight Training at Tuskegee. They received some support from Air Corps facilities in nearby Montgomery, Alabama: Gunter Field provided some basic training and Maxwell Field some advanced training (12, pp. 17ff; 13, p. 33). All five graduates received their pilot wings their graduation ceremony on 7 March 1942, a first for African Americans. The four cadets received Army Air Forces commissions as second lieutenants, while Davis received a direct promotion from captain to lieutenant colonel to keep in sequence with his West Point classmates – he never wore a major's insignia. The new pilots remained at Tuskegee, joining the newly-formed 99th Pursuit Squadron. Old P-40 *Warhawk* aircraft, some still bearing faded 'Flying Tigers' markings, had been sent to Moton Field for that purpose:

From aviation cadet to a certified military pilot took 36 weeks of training. For the white Army Air Forces the four training levels (pre-flight, primary, basic and advanced) were at four separate all-white facilities devoted exclusively to a specific training level. These separate facilities were maintained like "country clubs." In addition, separate advanced flying facilities were maintained for these future white fighter or bomber pilot officers and gentlemen of the Army of the United States. And the communities in which their training was located welcomed the white aviation cadets with open arms, legs and doors. [T]he Black Air Force aviation cadets...had to receive their four levels of fighter or bomber training at the two facilities at Tuskegee [the College and the Air Fields]. This segregated approach made TAAF very overcrowded... TAAF housed the preflight, basic, primary and advance levels while the primary level was conducted at Tuskegee Institute. Additionally, TAAF trained black U.S. Army officers as liaison pilots, and black Haitian officers as pilots. Notwithstanding these segregated facilities were inherently unequal, the military made sure that as for planes, supplies, maintenance parts, equipment, etc, TAAF may have fared better than some white facilities...At TAAF, the "Tactical Officers" for the pre-flight cadets were the black upperclassmen in basic and advance pilot training. In effect, Tuskegee Army Flying School, with three levels of training to become a Black Air Force pilot, was the equivalent of a "Pilot Academy" for the Black Air Force (3, pp. 10-11).

In October 1941, the Air Corps formed the 332nd Pursuit Group at Tuskegee and activated its 100th, 301st and 302nd Pursuit Squadrons in the next few months. The 99th Pursuit Squadron, by that time well along in its training schedule, did not join the new group but remained a separate unit. The 100th Pursuit Squadron, activated on 27 December 1941, soon became inactive except for a small nucleus of enlisted men. The Army Air Forces redesignated all its 'Pursuit' wings, groups and squadrons as 'Fighter' units in May 1942. The 100th Fighter Squadron reactivated in October 1942, followed quickly by the other two squadrons. The 332nd Fighter Group, quickly outgrowing its facilities at Tuskegee, moved to Michigan the following month (20). As noted in Chapter Three, "Flight surgeons were ordered to school at Randolph Field, Texas, whereas before, the Negro medical men were forced to take their training in aviation medicine through correspondence courses" (13, p. 25).

May 1942: the 99th Fighter Squadron prepares for war

All flight training graduates from Tuskegee between 29 April and 10 November 1942 went to the 99th Fighter Squadron until it reached its full strength of 28 pilots. On 15 August 1942, overall command of the squadron was transferred from the Air Forces Training Command to the Third Fighter Command in Florida. Col. Roscoe G. Conklin's 56th Fighter Group, stationed at Dale Mabry Field near Tallahassee, sent white pilots to Tuskegee on temporary duty to instruct the 99th Squadron in combat tactics and gunnery. By the fall of 1942, pilots of the 99th had flown at least 135 hours in their old *Warhawks*. Having met full training criteria for overseas duty, they were eager to receive their combat assignment.

Several factors contributed to the strength and morale of the Tuskegee squadrons. Carefully selected from a large pool of applicants, the pilots were highly motivated and well educated. The 332nd's enlisted men had better educations than average white enlistees of that era. All ranks were keenly aware of the implications of their selection and service, knowing that the eyes of the African American press and public, as well as the rest of the nation, were upon them. As we have seen, segregation policies of the day resulted in all African American pilots receiving their training at one location under the commanders who would later lead them into theaters of war. The commanders, the fliers and the troops became closely bonded well before the units were combat-ready (1, p. 91).

Most white pilots at this stage of training had flown about 100 hours in several locations and with different groups of instructors and fellow students. By the fall of 1942, some of the Tuskegee-trained pilots had flown together for 250 hours. Their cohesion and camaraderie were to stand them in good stead in combat (13, pp. 24ff). Familiar and at ease with their P-40s and with each other, the 99th flew to Dale Mabry Field for combat gunnery training from 27 November 1942 to 13 January 1943 in preparation for its anticipated deployment. The squadron took in stride the 15- and 25-mile hikes that were required to prove readiness for overseas duty (1, p. 89; 18). In spite of the squadron's passing all necessary inspections, the Army Air Forces put off a decision on their combat assignment for several months. This delay in finding an overseas deployment location that was 'suitable' (the code phrase of that day for which we would now say 'politically correct') left the 99th's pilots in training status much longer than was usual.

In northwest Africa, German and Italian air force units in Morocco and Algeria threatened the crucial route of logistical air transport that led from the U.S. south to Natal, Brazil, across the Atlantic to sub-Saharan Dakar, Senegal, across Africa to its western coast, proceeding on through the Middle East and India to China. The AAF first planned to send the 99th to Roberts Field in Liberia to counter this threat and to defend the essential nearby Firestone rubber plantations. An unspoken subtext to this decision was the belief that assigning African American fliers to an African base would minimize possible racial difficulties if they were sent to England.

However, successful Allied landings along the Atlantic coast of Africa on 8-10 November 1942 eliminated the need to defend Liberia. Plans for the 99th to join Gen. Claire Chennault's air forces in the dangerous China-Burma-India Theater were considered and rejected, since the squadron had no combat experienced aviators and the theater had no training facilities. The final decision favored sending the unit to North Africa in the spring of 1943 as a separate squadron. The U.S. battle line was moving steadily eastward from the landing sites at Oran on the northwestern coast of Algeria, and at Safi, Fedala, Casablanca and Port-Lyautey on the western coast of Morocco. The 99th

would be attached, but not assigned, to an experienced fighter group already in action (1, p. 90; 13, p. 25).

March 1943: deployment to North Africa

The 99th Fighter Squadron received orders on 22 March 1943 assigning it to the North African Air Force (NAAF) in the Mediterranean Theater. The unit boarded a troop train at Chehaw, Alabama on 2 April 1943, bound for Camp Shanks, New York to await embarkation. Col. William Burr (white), in command of all army troops to be transported on the *SS Mariposa*, appointed Lt. Col. Davis as his executive officer for the crossing. In this position, Davis, an African American, was in the direct chain of command for all 4000 army troops aboard, 3400 white and 600 black (1, p. 94; 13, p.28; 18). In addition to the 99th, the *Mariposa*, a converted oil tanker, carried replacement personnel for the 27th Fighter Group, some tank crews, and troops and equipment of the 54th Medical Battalion and the 56th, 93rd and 96th Evacuation Hospitals.³²

The *Mariposa* sailed from New York on 15 April, arriving in Casablanca, Morocco on 29 April 1943. Lt. Col. John D. Stevenson, en route to assuming command of the 27th Fighter Group, was known to Lt. Col. Davis from his Academy days (13, p. 55),³³ and pilots of the two units became well acquainted during their month at sea. Disembarking on May 1, the non-flying 99th troops took a slow train to an indoctrination and training base east of Fez at Oued N'ja, Morocco, [pronounced "Wedenja" (13, p. 55)] near the Morocco-Algerian border. The pilots flew the squadron's P-40L *Warhawks* in to Oued N'ja from Casablanca and Oran. Although these planes were newly manufactured, North African air battles had demonstrated that this model was obsolete compared to the German Bf-109s, Focke-Wolfe 190s and Italian Macchi 205s, which were faster and could climb higher. However, the P-40s had proven their durability, and the 99th pilots learned to rely upon their maneuverability to equalize the odds (14, p 174).

Shortly after their arrival, dignitaries including the NAAF Commander, Lt. Gen. Carl "Tooey" Spaatz, arrived to greet the 99th (13, pp. 26, 56). Following brief formalities, the Tuskegee fliers began their in-theater training aircraft familiarization flights during the first weeks of May 1943. They engaged in asymmetrical air-to-air combat training against A-36 *Apaches* of the 27th, stationed nearby at Ras el Ma air base near Fez, Morocco. Several pilots of the 27th and the 33rd Fighter Groups visited the 99th to teach the new arrivals about German Air Force tactics. These pilots included veterans of air combat in England and North Africa: Major Ralph E. Keyes and Lieutenants Robert J. Conner and Robert J. Thackler [whose name is frequently misspelled in other sources]. All 99th memoirs of this period speak highly of the value of these inter-unit training exercises and their warm welcome by the 27th (e.g., 13, pp. 57-8).

The tent camp at Oued N'Ja, a remote location in Morocco near Meknes and Fez on the road to Tangier, was dirty and without amenities. The 99th's flight surgeon, Capt. Maurice E. Johnson, kept busy with sick call, lectures, immunizations and camp hygiene. Digging and maintaining proper latrines with adequate waste disposal methods and fly-proofing was crucial to the health of the troops, as was providing clean drinking water in canvas Lyster bags. Malaria was a constant danger throughout the entire war in North

³² The *USS Mariposa* was sunk by a Japanese kamikaze attack near San Jose, Mindoro Island, Philippines on 30 December 1944. Downloaded from <http://troopships.pier90.org/1943.htm> on 8/22/05 and from http://www.uscg.mil/history/FS_Vessels.htm on 11/15/06.

³³ Downloaded 7 December 2006 from <http://www.armyairforces.com/dbgroups.asp?Group=50>

Africa, Sicily and Italy, and troops needed instruction and inspections to assure their proper use of mosquito bars and netting on their cots. In spite of all precautions, some soldiers suffered malaria from bites inflicted while they were sunbathing on beaches.

The Japanese occupation of Indonesia had interrupted the free world's normal supply of quinine, then the major treatment for malaria. Initial clinical trials conducted by the U.S. Government's Medical Research Unit from early 1943 to mid 1944 demonstrated the usefulness of a man-made drug called Atabrin or Atabrine (quinacrine hydrochloride) developed by German scientists in 1931. It proved to be an effective malaria suppressant, and the malaria casualty rates among troops plummeted after its distribution in late 1944.³⁴ Aside from some gastrointestinal distress from time to time, the main side effect of Atabrine was to dye the skin and eyes a sickly yellow. Dr. Johnson was able to find enough quinine for the 99th's pilots to use instead of the Atabrine (1, pp.93ff; 7, pp. 8ff).

Fardjouna and combat: aviation medicine in the desert

Before World War II, squadron flight surgeons had been gathered into Wing and Group medical facilities for additional duties under the supervision of Wing and Group surgeons. Military medical training included some information about sanitation, general public health and diseases in overseas areas, old data derived from operational experiences such as campaigns in Cuba, the Philippines, Mexico and Nicaragua. However, neither the Air Corps nor its Medical Corps officers had much experience in aeromedical support of aircraft units involved in combat operations. The only flight surgeons to deploy overseas in World War I had served from September through November 1918 at fixed training bases safely behind the lines in France (8). Although a few had served with ground troops during that war, no senior Medical Corps physicians had experience with flying units during combat deployments into hotly contested operational areas.

For this reason, aeromedical field operations in North Africa would involve untested concepts. Flight surgeons would have to support fighter squadrons moving forward from one airfield to another, sometimes under enemy fire. There would be no fixed base medical support behind them at first; logistical support to overseas units would come mainly by sea:

The 6-man planning board for the invasion of North Africa included Generals Hoyt Vandenberg and Lauris Norstad. Major William F. Cook, MC, the medical member of the board, was solely responsible for developing a medical strategy for this massive operation. Assuming that liaison would be poor and transportation scarce immediately after the North Africa landing, Cook designed a haversack with 30 pounds of essential medical supplies to be carried by medical personnel, one by each physician and one for every three enlisted medical personnel. Ambulances were to be loaded with splints, crash response kits, blankets and blood plasma. These plans proved valuable and effective, and would be reflected in later operations in the Pacific Theater. Cook became the Deputy Surgeon and later the Surgeon for the Twelfth Air Force, serving in Tunisia, Sicily, Italy, and Southern France.

Flight surgeon Samuel T. Moore, a first lieutenant, saw these plans for Operation Torch become reality when he "hit the beach" of the Moroccan coast on 8 November 1942. Along with the other men in his P-39 squadron, [assigned to the 81st Fighter Group] he stood by all day on his troopship while others landed. His ship, the *USS Anne Arundel*, carried 50,000 gallons of high-octane gasoline as well as bombs and torpedoes among its cargo. This highly flammable vessel drove away a nearby enemy submarine with 20-mm cannon fire with the troops still on board. Finally Moore climbed into an invasion barge (his medical commander missed a step and fell, cracking several ribs), moved ashore, marched up the beach for three hours, dug in, and "prepared with tommy guns and pistols for an expected counterattack." Moore wrote that his total field gear weighed "60-plus" pounds, so Cook did well to keep his planned medical gear light (8, pp. 33-4).

³⁴ Data downloaded from www.wsws.org, 12 Jan 05.

U.S. Army Air Corps medical officers who served in the North African campaign later wrote about their bivouac experiences. Retreating enemy forces left mines and booby traps. Military communications and supplies were uncertain. The spring weather was at first cold, wet and muddy. As the campaign progressed from the winter of 1942 to the summer of 1943, conditions became very hot and dry, with temperatures higher than 115° F. Summer heat and sandstorms replaced the winter mud with fine, pervasive dust that plagued men and machines alike. Most of the local Arab population lived under primitive conditions of poverty made worse by the war, with endemic tuberculosis and other communicable diseases. Diarrhea and dysentery were common—one Army hospital treated 250 new cases in one day—and the new sulfa drugs were not always effective. Insect-borne diseases of all kinds abounded, many carried by the ever-present flies. Venereal diseases took their toll, and “Dirty Gertie from Bizerte” became a catch phrase among the troops overseas and in the U.S. (4, 9-11, 15; also John R. Spiegel, M.D., personal communication to DRJ, 1983).

Flying bases followed the fighting, requiring frequent relocation of entire units from one primitive base site to another. The support troops, including the squadron medics, became adept at striking camp, packing tents and equipment, and loading trucks for long, uncomfortable rides on rough roads made worse by heavy military traffic. Arrivals at destinations might occur at any hour of day or night. Troops would rest where they could, then unpack and set up living and working tents within one day so that the new base could receive its aircraft and begin flight operations. Soldiers ate basic C- and K-rations at first. They learned to barter or buy eggs, onions and carrots from the natives, along with live chickens, rabbits, steers and beef cattle from natives. One physician commented that the locals would rather trade for coffee, tea or tobacco than accept money. Troops who had been butchers in civilian life would slaughter and carve the livestock. Flight surgeons inspected the carcasses for parasitic worms before releasing the meat to the cooks. Soldiers augmented indigenous wines, usually described as “bad,” with more dependable beverages acquired in various ways from allies, French nationals, or enemy prisoners. As in other wars before and since, U.S. troops explored the art of distillery (4, 9-11, 15; also John R. Spiegel, M.D., personal communication to DRJ, 1983).

A medical report by Lt. Col. Robert C. Simpson, flight surgeon of the 62th Fighter Wing (parent organization to both the 27th and the 33rd Fighter Groups) in North Africa during this period, adds to the description of aeromedical problems there. He wrote of “the complete lack of AAF Hospitals overseas. Flight surgeons lose control of patients in General Hospitals...Pilots have no faith in their hospital doctors because they never flew in an aircraft and have no knowledge of special conditions encountered.” This lack of AAF hospitals posed a continuing problem throughout the campaign, not only because the General Hospitals did not understand the special requirements of aeromedical care, but also because recovering patients, lacking the air travel priority of the wounded, sometimes became ‘lost in the system’ and were delayed in their return to their units. Simpson also wrote about the topics covered by his flight surgeons in periodic talks with their squadrons: exercise, sleep discipline (including siestas during the heat of the day, which sometimes reached 120-130 degrees), diet, elimination, eyes, hypoxia, vertigo, upper respiratory infections, hearing protection, survival and venereal diseases. He noted the need for a squadron dispensary located in a van or trailer for easy mobility as being

superior to dusty or muddy tent dispensaries that had to be relocated every six weeks or so (18).

During most of May 1943 the 99th trained at Ouez N'Ja in P-40 *Warhawk* and P-39 *Airacobra* aircraft of the NAAF, now designated the 12th Tactical Air Force. On 31 May the 99th moved to Fardjouna, an abandoned German air base on Cap Bon. Located about 20 miles southeast of Tunis, Cap Bon is a peninsula about 15-25 miles wide that extends fifty miles northeast into the Mediterranean Sea, separating Tunis's Bay of Hammemet from Libya's Bay of Sidra. Recently captured from Axis forces, the peninsula's dry lakebeds made ideal runways for fighter operations against Sicily, its nearby islands and Italy. However, squadron fighters would sometimes have to take off into the wind twelve abreast to avoid each other's dust (1, p.99).

Fardjouna was littered with debris, wrecked German aircraft, mines and booby traps. These posed a danger not only to Americans looking for souvenirs, but also to local citizens. Flight surgeon Johnson had needs for his professional services that far exceeded simply holding sick call:

Booby traps could be found out in the fields around Fardjouna. The most common ones were the Italian-made "tomatoes," red hand grenades that were left behind by fleeing Nazis who had sown the surrounding area with a number of the lethal "fruit." The local Arab men avoided the danger of the "tomatoes" by riding their spindly-legged donkeys while their wives walked ahead. One day an Arab woman came to our dispensary to ask our medics for help. Her hand had just been blown off by a booby trap (2, p. 129).

At Fardjouna the 12th Air Force attached, but did not assign, the 99th Fighter Squadron to the 33rd Fighter Group of the 64th Fighter Wing. The 33rd had been active in the theater from the beginning of the North African campaign. Its commander, Lt. Col. William C. Momyer, Jr., had led his 58th, 59th and 60th squadrons ashore near Port Lyautey, Morocco on 7 November 1942. The 33rd's flight surgeon, Capt. John A. Woodworth, wrote about the Group's participation in the invasion, dubbed "Operation Torch." Most members of the group sailed from Virginia on troopships, with their pilots and P-40s on the small aircraft carrier *USS Chenango*. The men came ashore on landing barges; Dr. Woodworth recorded that the landing party received some scattered gunfire from the French troops ashore who soon surrendered, and he was able to establish his medical facility in an airport building. The 33rd's 77 P-40s, including one flown by Lt. Col. Momyer, catapulted off the *Chenango* and headed for Kenitra Airport near the landing zone, which had just been taken by the landing party. Two of the P-40s did not make it to shore, and craters in the runway damaged or destroyed 17 of the remaining 75 fighters. Nevertheless, Momyer's venture was deemed successful, and he later received a Silver Star award for the accomplishment. Since the 33rd's North African arrival in November 1942, he had distinguished himself by shooting down eight Axis aircraft, including four German transports in a single mission. Momyer was a seasoned and accomplished commander and fighter pilot—an ace (17, p. 1ff).

Lt. Col. Momyer and Maj. Cochran

Whereas the 27th Fighter Group had extended a warm welcome during the 99th's theater orientation training in April, the 33rd's policies toward their newest squadron reflected the general stateside attitude of segregation and separation. Momyer placed the 99th at an airfield some five miles away from his other squadrons, thus limiting informal contacts between the new arrivals and his veterans. In order to avoid integrated briefings

with the other squadrons, white officers would drive over to the African American base to brief the 99th's missions separately. Some group meetings would be held without the 99th being present; they were told only to follow the lead of other squadrons during training missions (14, pp 174ff). Members of the 99th later ascribed Momyer's policies to his arrant racism (e.g., 1, 7, 13).

In contrast to the 33rd's stance of discrimination, the pilots of the 99th found their flying experience pleasantly enhanced during this period by the training given by Maj. Philip Cochran, 'Mr. P-40' (13, p. 57). Cartoonist Milt Caniff had brought the flamboyant Cochran to public attention by casting him as 'Col. Flip Corkin' in his popular comic strip, *Terry and the Pirates*. Cochran had originally come to North Africa in command of a squadron of replacement officers and men destined for various units. Because of difficulty in locating their assigned squadrons and the urgent need for their services as soon as they arrived, the pilots and their aircraft stayed together in an unofficial organization soon dubbed the 'Joker' squadron because it had no number (17, pp. 15ff). The Jokers were finally assigned to the 33rd, and Corcoran shared his experience with the 99th. Most members of the African American squadron now had about 250 non-combat hours in the P-40 – Capt. Roberts had nearly 600 and Lt. Col. Davis had some 500 – and Cochran remarked of the squadron, "These guys are a collection of natural dive bombers!" (13, p. 57.)

Although they had driven all Axis troops out of North Africa, the Allies had not yet attained absolute air supremacy. The German Air Force (Luftwaffe) had been weakened by the assignment of inexperienced Italian pilots as a result of losses to Allied air and ground defenses, but still posed a constant threat to bases on Cap Bon, in part because of the publicity surrounding the arrival of the African American squadron. Air raids caused the 99th relatively little damage, perhaps because their tents were located away from the other base elements. "They had just missed us one morning at breakfast, strafing an outfit two and one-half miles down the road and inflicting seventy casualties" (7, p. 14). "This was quite remarkable, considering that the German Intelligence was well aware of the 99th and their location" (14, pp. 174ff).

Pantelleria and Sicily

The 99th's combat flying began with a series of air-to-ground missions. Under Momyer's policies, the only 'hot' combat experience for each 99th pilot would be a single mission on the wing of an experienced white pilot. On 2 June 1943, 99th pilots William Campbell, Charles Hall, Clarence Jamison and James Wiley flew as wingmen to attack Pantelleria, a rugged five-by-eight mile island about sixty miles southwest of Sicily and forty miles northeast of Cap Bon (14, p. 175). Fortunately, only a few enemy aircraft responded to these raids. After their initial wingman flights, pilots of the 99th continued their dive-bombing attacks and flew air cover missions for Allied A-20s, B-25s and B-26s in conventional bombing raids. The 99th's first air-to-air combat occurred a week later, on 9 June, when Lt. Willie Ashley received credit for disabling an enemy aircraft. The squadron suffered no losses. The intense aerial assault on Pantelleria (dubbed "Panty raids" by the fliers) caused the Italian commander to surrender on 11 June, the first time in history that an Allied air offensive alone had led to such a victory (12, pp. 20-1; 13, p. 57).

Although most memoirs of the Tuskegee airmen describe the attacks on Pantelleria, none of their accounts does justice to the tactical and strategic effects of this

campaign. Home to about eighty enemy aircraft and some 14,000 troops, the island posed a considerable threat to North African bases and seaports, as well as to an invasion fleet at sea. Gen. Dwight D. Eisenhower, the theater commander, faced a hard choice as the North African campaign moved toward its successful conclusion. He could invade Pantelleria, expending valuable resources and risking losses from enemy air attacks from Sicily and Italy, or he could bypass the little island, leaving his fleet equally vulnerable to its aircraft. Using the successful Japanese air and artillery assault against Corregidor in Manila Bay as his example, he decided to reduce Pantelleria by a relentless air assault, thus saving most of his landing craft for the intended invasion of Sicily. He would “concentrate everything” in an attack “so serious as to make the landing a rather simple affair.” This had the added advantage of keeping the Axis forces uncertain of Eisenhower’s intentions: would he next invade Sicily, Italy or southern France? During the air attacks, the island’s Italian commander sent stouthearted communiqués to his superior officers and defiant challenges to his assailants, describing the stalwart resistance and valor of his troops. However, the allied efforts destroyed all the enemy aircraft and rendered the Italian garrison defenseless. After nine days of air raids, followed by a thunderous naval bombardment, British marines landed on Pantelleria and its small neighboring islands on June 11, 1943. When the smoke of the day’s early air and sea bombardments cleared, the invaders encountered only white flags of surrender. In spite of their commander’s brave words, many of his men were of the ‘Home Guards’ variety: poorly trained and equipped old men and youngsters. Within a week, Allied fliers were operating from the Italian airfields (6, pp. 69-71).

The productive participation of the 99th in the Pantelleria campaign was all the more remarkable in that, unlike his fellow squadron commanders, Lt. Col. Davis had never flown in combat. Further, the segregationist policies and customs that forbade him and his pilots from associating with their peers prevented Davis from seeking advice or assistance from other squadron leaders in an informal setting. Chosen for command because of his military background and natural leadership skills rather than his experience, Davis relied on the disciplined, business-like approach that had sustained him through four years of ‘the silence’ at West Point (13, pp. 60ff; 14, pp. 175-6).

Morale of the African American squadron soared after the victory at Pantelleria, a matter worthy of some comment here. One may grant that this assault was a brief local affair in the global context of World War II. One must also consider, however, that each man’s war is that which he sees for himself. His personal assessment of the value of his duty necessarily depends upon his belief that his courage, sacrifice and daily decision to return to danger have some meaning and purpose. Morale is generally considered a matter of military command and leadership. Morale also involves mental health, resilience and hardiness. These aspects are a part of military medicine and, in the Air Forces, a matter of keen interest to flight surgeons. Each member of the 99th Fighter Squadron, at last committed to combat, had played his part bravely and well, doing what was asked efficiently and without sustaining losses.

The rapid capture of Pantelleria gained several strategic advantages. The total collapse of the Italian defenses demonstrated that the enemy had lost its strategic initiative to the Allies. Control of the Mediterranean had shifted from the Germans and Italians to the American and British air and sea forces. Axis commanders now had no sure idea of the next Allied offensive: Sicily, Southern France or Italy? Having no offensive options, the enemy could do little more than await the Allied assault and then respond to it. The Italian populace realized the strategic weaknesses and defeatism began

to spread through the nation. The Fascist dictator Benito Mussolini resigned a few weeks later (6, pp. 71ff).

After the surrender of Pantelleria, most of the 33rd Fighter Group deployed to that island's airstrip. The 99th remained in North Africa, moving northeast across Cape Bon to join the 324th Fighter Group of the 62th Fighter Wing at El Haouria, Tunisia. Their new missions, flown mainly in support of the British Eighth Army, were to escort friendly shipping along the coast of North Africa, to guard allied ports against enemy air attacks and to provide fighter support for B-25 bombing raids on Sicily. During one of the coastal missions, six pilots of the 99th intercepted a flight of 12 German bombers escorted by 22 fighters. The African Americans damaged two German fighters without sustaining any damage and turned back the bombers. The enemy scored no successful bomb hits. During a raid on Sicily on 2 July, the 99th achieved its first kill when Capt. Charles B. Hall shot down a German Focke-Wolfe 190. The same day, the squadron suffered its first combat losses when Lts. Sherman White and James McCullin failed to return from a mission over Sicily (1, p. 100; 13, p. 59). Another Tuskegee Airman, Lt. Richard Bolling, was forced to bail out. He successfully deployed his one-man dinghy and floated in the Mediterranean for a full day before being recovered.

The 99th flew approximately the same number of combat and support missions as the regularly assigned squadrons of each group during its periods of attached duty. Official records and personal memoirs contribute little specific information about the contributions of Capt. Maurice Johnson and his enlisted medics to the achievements of his squadron. The very lack of such data is a significant consideration, for one does *not* read about combat ineffectiveness or losses due to injuries, diseases or instances of fear of flying in memoirs written by the Tuskegee pilots, nor in official unit or medical histories of the 64th Fighter Wing or the 27th, 33rd or 324th Fighter Groups with which the 99th flew in North Africa. Johnson and his team had supervised clinical and public health care for some 300 troops moving and bivouacking across North Africa from Casablanca to Tunis by train and by road convoy. The 99th had set up, lived in and taken down base camps at Ouez N'Ja, Fardjouna and El Haouria between 1 May and 19 July without epidemic diseases from water contamination or food poisoning, and without undue ineffectiveness from malaria, dysentery, typhoid, typhus, venereal disorders or other communicable or infectious diseases. The pilots remained available for safe and effective flying duties while living in primitive and potentially hazardous conditions of heat, dust and fatigue. In brief, Johnson, as isolated from medical colleagues as Davis was from other squadron commanders, had done his job as well as the fighter pilots and the ground troops that he supported.

The Mediterranean campaign moved from North Africa toward Europe. On 10 July 1943, allied forces successfully invaded Sicily in 'Operation Husky' using a combined force of landing craft and paratroopers at several points along the coast. Nine days later, joined by five replacement pilots from Selfridge, part of the 99th left North Africa on 29 C-47 transport aircraft to rejoin Momyer's 33rd Fighter Group. The 33rd had transferred from Pantelleria to Licata, a port town midway along the southern coast of Sicily that had just been taken by the allies.. Once the support elements were in place the pilots flew in under Davis's command. The remaining support elements of the 99th traveled by sea from Bizerte, Tunisia to Palermo on the northwestern coast of Sicily, under the supervision of the executive officer, Lt. Hayden Johnson, who wrote:

We moved to Sicily and our outfit followed. As usual, the pilots flew over and the rest of us boarded an LST [Landing Ship, Tank]. I was again the commander of the troops and as usual, denied the request made by white troops for separate toilet facilities. I wondered about the wisdom of this move later, when I considered actions that I had observed, such as the line over a block long waiting to be serviced by three women lying on a stone floor with no sanitation facilities, for ten cents a trick. I rescued seven or eight of my men from the line.

We landed at Palermo, Sicily [taken a few days earlier]. After much confusion and rounding up some of the men, we started down the road to Licata, our base. The road was in such bad shape from bombing and shelling that we were unable to complete the trip in one day. I instructed our transportation officer to find a large group of trees. Night after night at seven o'clock, Axis Sally [an English woman who made propaganda broadcasts for the Nazis] had announced on the radio that they were coming to visit us. ...Our 100 percent vulnerability left me no choice but to hide the 200 enlisted men and 40 transportation vehicles under a group of trees, one of many such groups. Planes are needed to fight planes. They knew that the squadron would be finished if the support departments [which would have included the medical personnel] were destroyed. I was awakened by the rumble of "Old Charlie" [German bombers] around four o'clock in the morning. They dropped flares all around us but could see nothing but trees from that height. Jamming the vehicles radiator to radiator permitted us to hide successfully. This action was in direct violation of army regulations, which required thirty yards [of] space between vehicles. The Germans could not conceive that we would ignore regulations. The bombers left our area for Palermo without dropping a bomb (7, p. 14).

The 99th Fighter Squadron began flying missions from Licata on 21 July 1943. Mussolini abdicated on 25 July. Marshal Badoglio, who replaced him, surrendered Italy to the allies four days later. Germans maintained military control of Sicily and Italy, no longer as an ally to the Italian people but now as an army of occupation and oppression. The Italian military laid down its arms, but the land and air conflict continued across and above their country.

Capt. Frank W. Peyton, a physician with the Army's 15th Evacuation Hospital a few miles east of Licata at Gela, was not impressed with war-torn Sicily, writing in his diary that it was:

...as dirty as Africa. People look tired and thin. Children starved and beg in throngs. Women all in black dresses. Everybody combed lice out of one another's hair on the sidewalks, practically in the streets. [Lice carried typhus between humans.] Their homes are a one-room affair mostly—donkeys [sic] and chickens living with them. A few people offer the V sign [for Victory], popularized by Churchill] in feeble fashion. Drove to Licata...dusty and bumpy...Huge, lanky red stags and cattle, long-tailed sheep on the hills, hamlets filled with young boys [Italian ex-soldiers] who threw away their uniforms and went home, long-horned goats...Patients mostly medical (diarrhea, malaria, meningitis and neurosis)...(11, pp. 64ff).

Peyton went on to describe repeated attacks by German fighters and bombers, and rampant malaria in U.S. soldiers within a week of the invasion. However, the 99th found Sicily to be pleasant compared to its North African bases. According to Lt. Col. Davis, "...we enjoyed living conditions that were markedly superior to those we had left in North Africa. The melons, corn...fruit and vegetables we picked in the fields came as a welcome addition to our rations. We were also able to keep ourselves and our clothing much cleaner in Sicily." Although he left no records of this period, Capt. Maurice Johnson must have dealt with the same endemic diseases as other medical facilities, including the ever-present venereal disorders. Once more in an active combat zone, the 99th was only a few minutes by air from the front lines. Thus, "we were able to deliver ordnance on target, return to base quickly, rearm, and proceed posthaste on another

mission. These missions consisted of fighter sweeps, strafing, patrol and escort. They continued through July and most of August until the end of the Sicilian campaign and the departure of the Axis force from the island” (1, pp. 100ff).

During the Sicilian campaign, the 99th had lost one pilot to enemy fire and two to accidents while flying some 800 missions. Its 28 pilots had accumulated more individual combat hours than those of other squadrons, which had about 35 pilots each. The Tuskegee pilots and support personnel had no “rest and relaxation,” because rest camps were not available to black troops in the segregated theater of operations. Still, morale remained high, not only because of their prowess in battle but also because the entire squadron knew that “the future of African Americans in the Army Air Forces hinged on their performance, and they knew that their performance would determine the civil rights status” and that of their race in America after the war: the Double V (14, pp. 176ff).

September 1943: Lt. Col Davis returns to U.S. Tuskegee Airmen challenged by Momyer and vindicated by congressional hearings

On 2 September 1943, Lt. Col. Davis returned to the U.S. to assume command of the 332nd Fighter Group at Selfridge Army Air Field in Michigan. Capt. George Roberts, who had been its original commander at Tuskegee, took over from Davis as commander of the 99th (13, pp. 60ff). When Davis arrived in the States, he discovered that, in contrast to the praise given to the 99th by Eisenhower, Spaatz, Doolittle and other top commanders in the Mediterranean Theater, Col. Momyer had submitted an adverse report claiming that the 99th's pilots lacked aggressiveness, teamwork and discipline. Momyer suggested that the squadron be removed from combat operations and be limited to coastal patrols and other routine duties. This report, endorsed through the chain of command up to Gen. Arnold and the U.S. Army Chief of Staff, Gen. George C. Marshall, ended by recommending the removal of the 99th from tactical operations. It went on to state that the 332nd, upon deployment, receive a similar assignment, and that plans to send Tuskegee graduates to the all-black 447th Bombardment Group be scrapped. “In the minds of the commanders of the Mediterranean Theater and the AAF, the ‘experiment’ was over, and blacks had demonstrated their expected inability to perform in combat at the desired level of proficiency” (1, 102-3).

What followed came “within inches of destroying the future of black pilots forever” (1, p. 107). An article in *Time Magazine* (20 Sept 1943) entitled “Experiment Proved?” appeared not only to cast doubt on the 99th's performance, but included some classified data about the unit's future. Davis's wife Agatha wrote a blistering letter to the magazine's editors (*Time*, 18 Oct 1943). The public debate led the Pentagon to summon Davis to Washington. There he met with AAF officials and a War Department Committee headed by Assistant Secretary of State John J. McCloy:

In my rebuttal to Col. Momyer's letter, I argued that during the action against Pantelleria and Sicily, the 99th had performed as well as any new fighter squadron, black or white, could be expected to perform in an unfamiliar environment. I painted a vivid picture of the growth of our combat team from inexperienced fliers to seasoned veterans, giving the example of the bomber escort mission I had led on 2 July and describing how we had stayed right with our bombers and absorbed the attack of the enemy planes...I told the committee that if there had been any lack of aggressive spirit in the 99th a first, we had soon made up for it...that the squadron had been at a manpower disadvantage; we had only 26 pilots [after their losses], compared to between 30 and 35 in other squadrons, because expected replacements had not come though until we had been in combat for two months (1, p. 105).

Davis went on to describe the intense desire of every man in the squadron, from private to pilot, to prove himself to the nation. He spoke of the successfully integrated environment of all soldiers, black and white, from the moment of their embarkation on the *Mariposa* until their assignment to the 33rd Fighter Group. Davis's testimony and reasoning convinced those at the meeting. A spokesman for Gen. Arnold's office stated that they had reviewed G-3 [operations office] studies of the combat performance of the 99th. They found that reports of the 99th being limited to coastal patrol flights had no basis in fact, adding that Davis's defense of the squadron was valued and emphasizing that Gen. Arnold's offices stood by Davis's report. Gen. Arnold decided to proceed with the deployment of the 332nd Fighter Group to Italy, and Davis returned to Selfridge to prepare the unit for combat (1, pp. 105-6).

As Davis fought his battle in Congress, the allies fought their battle for Italy. On 3 September 1943, 3600 British and Canadian troops of Montgomery's Eighth Army crossed the Straits of Messina from Sicily to Italy, landing along the southern coast of the Tyrrhenian Sea in the province of Calabria, and later at seaports inside the heel of the peninsula. The American Fifth Army landed northward along the beaches of Salerno, a small seaport south of the Amalfi peninsula, Mt. Vesuvius and Naples on 8-9 September. Five days later, the 33rd Fighter Group transferred most of its operations from Licata, Sicily to Paestum, an Italian airfield between the beachhead and the town of Salerno. After providing air cover for the Allied landings, pilots of the 99th flew their aircraft from Licata to an airfield near the Sicilian village of Barcelona in the northeastern corner of the island. As the squadron prepared to deploy to Italy, its advance echelon sailed across the Messina Straits and up the Tyrrhenian coast to Salerno. The beachhead, established only a few days earlier, was under an intense German counter-attack. The troops of the 99th had to dig in near Paestum under artillery and aerial attack in for several days before the area became secure. At this point the squadron received orders detaching them from Col. Momyer's 33rd Group and assigning—not attaching—they to the 79th Fighter Group under the command of Col. Earl O. Bates at Foggia on the eastern coast of Italy. The weather turned foul for more than a week, and the first air element of the 99th did not arrive until early October, with other elements following in November.

With the 79th Fighter Group in Italy: mud and glory

Col. Bates added the 99th to his other squadrons immediately and without reservation. In contrast to their prior missions of harbor patrol and protection of coastal shipping waters, the 79th Fighter Group was heavily involved in close air support of the infantry fighting its way up the west coast of Italy toward Naples and Rome. As the Germans retreated northward, the group flew fighter-bomber attacks against railroad, bridges, and communication centers to hamper German mobility and coordination. These grinding, demanding missions required allied pilots to fly 5 or more sorties per day. This tempo of operations, which continued through January 1944, culminated in a large multi-group air strike on Naples' Capodichino Airdrome. But so far, the 99th only had the one aerial victory to their credit, while the 79th has destroyed or damaged almost 20 German aircraft (12, pp. 22ff).³⁵

³⁵ Data downloaded from www.acepilots.com/usaaf.tusk.html.

Robert A. Rose, D.D.S., the Dental Officer of the 99th, wrote these words years later as he recalled his service throughout the Mediterranean campaigns:

During the height of the controversy stateside, the most significant event in the first year of the 99th, and indeed one of the most important in the history of the Negro air program, was the quiet but effective assimilation of the 99th into the 79th Fighter Group, and the integration of the fighting skills of the two races in an Army combat unit. On October 7th, the 99th joined them at Foggia, Italy and moved with the 79th to Madna on November 19th. The group was now flying 36 to 48 sorties a day, and all the arguments about the two races being [unable] to function together proved groundless. The men flew, worked and fought together, and the group's official newspaper, *The Falcon*, in its press releases made it impossible to realize that the 99th was other than just another squadron in the group. Much of the success of this assimilation should be credited to Col. Earl O. Bates, the CO of the 79th. To a man, the 99th felt Col. Bates was a fair, impartial thinker with only his men at heart, and the success of the mission. Col. Bates mixed the squadrons on missions, and each of the four squadrons assumed identical duties (Rose, p. 63).

Although we have no pertinent medical data from this period, either from Dr. Johnson with the 99th Squadron or from other flight surgeons with the 79th Group, we can gain some idea of conditions in and around Foggia. The Unit History of the 99th Fighter Squadron, written by Corporal Cleveland H. Watts of its Intelligence Section, describes life in the squadron's tents and the group's atmosphere of acceptance, including the leadership of Col. Bates, in contemporary terms. One may infer the sanitary and environmental problems involved at Foggia and Madna, and also the morale of the 99th:

On November 1, 1943 approximately 50 P-38s landed on [nearby] Sal Sola field. The mechanics of the 99th had to service 20 of them. There was splendid cooperation from all four squadrons of the 79th Group in gassing the planes.

Late in the afternoon of November 7, 1943 a group of officers and enlisted men arrived from Barcelona, Sicily. They were the first section of the rear echelon of the 99th. They had come part way by railway. There is still another group of men of the 99th in Barcelona waiting for moving orders. From November 8 through November 11 it rained daily. Toward evening, November 12, Service Detachment #99 arrived at Sal Sola field. During the night of November 13, the wind blew down several tents in the area. From November 13 through the 17th, bad weather prevented the squadron from having any missions. [That day, part of the 99th departed for a new airfield at nearby Madna.] Incessant rain has softened the ground in the bivouac area. The mud is black, sticky and slippery.

The mountains that are visible from Sal Sola field are a dark purple color early in the morning, especially when there is a threat of rain....We are up to our necks in mud. Here and there are fallen tents, blown down the night before by the wind. No one soldier has a complete uniform. Every man has a different idea regarding which of his clothing to wear in order to keep warm. It is very difficult to keep clothes clean.

November 22, 1943, the first element of "B" group departed from Sal Sola for the new landing field. It was dark when this group arrived at Madna Field. The new arrivals slept that night in tents with the "A" group. The ground inside the tents was as sloppy as the ground outside. At least our blankets were dry. [The next morning] it began to rain—a driving rain. The strength of a man holding the corner ropes of a tent was almost nil against the force of the wind. Mud-splashed men were struggling against the wind to hold center poles of tents while others staked the corner pegs. [The next day was Thanksgiving.] Prior to learning that the squadron would have turkey, the men had discussed among themselves just how regular rations would be camouflaged for the occasion. The turkey was unusually good.

The squadron did not have any missions until November 29, 1943. On this day we engaged in five missions. The next day, the Squadron engaged in two missions for a total of fifty-one sorties for the day. The mechanics and armorers were kept busy throughout the day.

It was a great day for the 79th Fighter Group and the 99th was proud to have been in on the show (written December 10, 1943).

Since the 99th Fighter Squadron's operations with the 79th Fighter Group, they have been drilled in close air support for ground troops. The close cover given thus far has been for elements of the British Eighth Army. Two months have passed since our initial mission as part of the 79th Group. With the Pantellarian and Sicilian campaigns completed, we thought of ourselves as veterans. That belief was short lived. The 79th Fighter Group was an experienced organization. Their flight tactics have been repeatedly tested and proven in engagements with the enemy. The 99th Fighter Squadron has adopted the take off system of the 79th Group. The formation used in flying over enemy territory has been changed. With these changes came more experience and with the experience came confidence. These two attributes are precisely what pilots of the 99th Fighter Squadron are getting.

After more than three weeks at Madna Field, we have become accustomed to its surroundings, the mud, the sea, and the snow capped mountains to the northeast of Madna Field. Occasionally the sun is bright and the mud becomes dry. It is then that the soldiers mark time against the weather in order to get clothes washed. A few days later, rain has again whipped the ground into slush. This goes on week after week. ...Under the new system inaugurated under Col. Bates, several pilots of the 99th Fighter Squadron fly with various Squadrons of the 79th Fighter Group (written 12 January 1944).

January 31, 1944. After more than three and a half months operating with the 79th Group it was learned that we are to be separated. A farewell party was given by Major George S. Roberts, Commanding Officer of the 99th Fighter Squadron. The party, held in Naples, was attended by Col Bates, Group Commander, and the Group's Operations and Executive Officers, plus the squadron commanders of the 85th, 86th and 87th Fighter Squadrons and seven command echelon officers of the 99th, plus U.S. War Correspondent Arthur E. Carter as a guest (19).

1 April 1944: reorganization, relocation and reunion with the 332nd Fighter Group

As the allied campaign in central Italy drew to its successful close, the Mediterranean Air Force reorganized for the next phase of the war. The Twelfth Air Force would continue its tactical support of American and British ground forces in their drive north and west into the Po Valley, as well as supporting troops in southern France. American forces would land there in order to draw German forces away from the west coast of Normandy where the invasion from England would begin in June. As battle lines in Italy moved on, the 79th Fighter Group would have to follow northward in order to continue its duties with the Twelfth Air Force.

The newly-organized Fifteenth Air Force assumed responsibility for the strategic heavy bombing air campaign in southern and central Europe. The Tuskegee Airmen would become a part of this campaign, serving as an aerial umbrella against enemy fighter aircraft attacking B-17 *Flying Fortress* and B-24 *Liberator* bombers, and escorting damaged planes back to Italy. This new role required newer fighter escort aircraft with longer ranges.

Capt Erwin B. Lawrence became commander of the 99th on 1 April 1944 when Maj. Roberts rotated back to the U.S. Soon after, the squadron moved to Cerola, Italy, transferring from the 79th to Fifteenth Air Force's 324th Fighter Group. "The men were sorely disappointed, for they had attributed so much of their success to the [79th] group"

(13, p. 66). However, their change of assignment was accompanied by a change of mission, and disappointment at giving up close air support of ground troops gave way to excitement over the prospect of escorting Allied bombers to northern Italy and southern Europe. The 99th remained with the 324th for only a few weeks before being attached to the 86th Fighter Group for similar bomber escort missions. At the end of June 1944, the 99th moved to Orbetello Air Field to join Tuskegee's 332nd Fighter Group and Lt. Col. Benjamin O. Davis, Jr. Newly promoted Maj. Vance H. Marchbanks, Jr., the group surgeon, assumed overall responsibility for all four Tuskegee squadrons (21, 22).

Once settled into the 332nd, the 99th Fighter Squadron regarded with pleasure its transition from battle-weary P-40s into newer P-47 *Thunderbolts* and then into P-51C *Mustangs*. One year to the day after flying their first combat mission from Faudjoura in North Africa, pilots from the 99th flew on detached service with the 'Red Tails' of the 332nd Fighter Group. The nickname came from the identifying paint pattern of the Group. The Red Tails would soon become a familiar sight to allied and enemy aircrew. Chapter Five will describe medical support to the 99th as it served in its new mission within the 332nd.

This transition of the 99th Fighter Squadron from a succession of 12th AF fighter groups into 15th AF's 332nd Fighter Group marked the end of the combat tour for the first African American flight surgeon. As the 99th joined the 332nd Fighter Group in July 1944, Capt. William V. Allen arrived to replace Capt. Maurice C. Johnson as squadron flight surgeon. Capt. Johnson had deployed with the 99th Fighter Squadron as it entered combat in April 1943, practicing medicine under primitive and often miserable conditions at almost a dozen locations in Morocco, Algeria, Tunisia, Sicily and Italy. Now, sixteen months later, Johnson returned to the U.S. for a well-earned leave. His new orders sent him back to Tuskegee, where he served as flight surgeon until the end of the war (16, p. 10; 22; 23).

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CHAPTER FIVE

AFRICAN AMERICAN AIRMEN IN STATESIDE BASES AFTER TUSKEGEE TRAINING, 1942—1945

Part I

332nd Fighter Group, Selfridge and Oscoda Army Air Fields, Michigan March 1943 – December 1943

13 October 1941: the 332nd activates. – Drs. James Ramsey, Frank Jordan, Bascom Waugh, Harry Anderson and Vance Marchbanks receive assignments; Dr. Maloney arrives – October 1943: Lt. Col. B.O. Davis, Jr. assumes command – January 1944: the 332nd deploys to Italy.

The Medical Dispensary was housed in a building in “Boomtown” which was originally an annex of the Officers’ Club for officers temporarily billeted in that area. One large room with two smaller rooms at one end of the building and two washrooms at the other end constituted the Dispensary. ...477th Unit History.

13 October 1941: the 332nd activates

The Army Air Forces issued orders for the 332nd Pursuit Group to activate at Tuskegee on 13 October 1941, six months after the formation of the 99th Pursuit Squadron and two months before the Japanese attack on Pearl Harbor. The initial cadre of the 332nd formed under the command of Major Sam W. Westbrook, Jr. a white officer later described by flight surgeon Vance H. Marchbanks Jr. as “a senior pilot of years.” Since all graduating Tuskegee pilots were assigned to the 99th Pursuit Squadron until September 1942, the 332nd and its three squadrons—the 100th, 301st and 302nd—consisted mainly of a few administrative troops drawn from the local 318th Air Base Squadron during the first year of the war. For example, the 100th Pursuit Squadron formed in response to orders issued 27 December 1941 and 19 February 1942, but soon became inactive except for four enlisted men and remained so for almost a year (6).

When the AAF changed all its “Pursuit” units to “Fighter” units late in 1942, the squadron became the 100th Fighter Squadron. During the winter of 1942-43, the 332nd Fighter Group finally began to receive Tuskegee pilot training graduates into its 100th, 301st and 302nd Fighter Squadrons. Daily personnel records (“Morning Reports”) show that during its formative period at Tuskegee, the 100th grew from three officers and 15 enlisted men (all white) on 31 Dec 1942 into a unit of 75 officers and 934 EM (almost all African American). Early in 1943, ground support personnel began to arrive at Tuskegee, forming maintenance units in anticipation of operational flight training. On 21 March 1943 the base received 380 technicians from the Ft. Logan, Colorado Army Air Forces Technical Training School. This planned expansion of 332nd Fighter Group and its three squadrons exceeded the capabilities of the Tuskegee facilities, and the first element of the group began deployment by rail to Selfridge Army Air Field (AAF), Michigan the next day. A series of trains continued the move over the next few weeks, ending with the arrival of the last troop train at Selfridge on 12 April. The 332nd settled into its new quarters. Beginning on 21 May, individual fighter squadrons rotated

between Selfridge and nearby Oscoda AAF, Michigan in a sequence that continued until the group received its combat assignments in December 1943 (6).

Drs. Ramsey, Jordan, Waugh, Anderson, Maloney and Marchbanks receive assignments;
Dr. Maloney arrives

The Tuskegee AAF Medical Department provided the initial cadre for the 332nd's Medical Section on 1 Feb 1942. This consisted of the group surgeon, Capt James P. Ramsey and one enlisted medical technician, both transferred from the 66th AAF Pilot Training Detachment to this new duty. First Lieutenant Frank Jordan soon joined them as a Squadron Surgeon, transferring in from a source not mentioned in the Unit History. As the Group began to settle into its training program, the arrival of five medical technicians from Fort Logan on 21 March 1943 brought the Medical Section up to its authorized strength of twelve. Ramsey, Jordan and their medics transferred to Selfridge with the Group that month.

More flight surgeons joined the 332nd. In May 1943, 1/Lt. Bascom C. Waugh from the Tuskegee Medical Unit and Captain Harry B. Anderson, a recent AME extension course graduate joined Ramsey and Jordan at Selfridge. Waugh, listed as flight surgeon with the 100th, entered the AAF at Tuskegee (6,7). Leaving his family in an apartment in Tuskegee, on 5 September 1943 Capt Vance H. Marchbanks, Jr. moved to Selfridge to become the flight surgeon of the 302nd Fighter Squadron.³⁶ Arnold J. Maloney, Jr. Captain USA MC had entered active duty in 1942 with the 93rd Infantry Division in Arizona. Trained as a flight surgeon through the School of Aviation Medicine's correspondence course, he transferred to Selfridge Field on 17 Nov 1943. He replaced Marchbanks as flight surgeon for the 302nd as the squadron returned from Oscoda to rejoin the 332nd at Selfridge.

October 1943: Lt. Col. B.O. Davis, Jr. assumes command

Col. Robert R. Selway (white) assumed command of the 332nd after the Group arrived in Michigan, with the newly promoted Lt. Col. Westbrook as his executive officer. The 332nd moved from Oscoda back to Selfridge in July 1943, leaving the 302nd Fighter Squadron behind for further training. The 332nd now received its training and logistical support at Selfridge from the "403rd Fighter Squadron (white)" (7, p. 16). As detailed in the previous chapter, Lt. Col. Benjamin O. Davis Jr., former commander of the 99th Fighter Squadron in North Africa and Sicily, returned to the United States in the fall of 1943. After giving his testimony about the accomplishments of the 99th in Washington, Davis moved on to Selfridge. Arriving there on 4 October 1943, he replaced Westbrook as executive officer of the 332nd Fighter Group. Four days later Davis became commander of the 332nd as Selway assumed command of the 477th Medium Bombardment Group, a B-25 unit to be mobilized at Selfridge as the 332nd left for Europe.

The 332nd thus became an entirely African American Fighter Group. Soon after, the Group cross-trained from their familiar old P-40s into P-39 aircraft in preparation for their overseas assignment. On 11 December 1943, Davis advanced his old friend Vance Marchbanks from his position as 302nd flight surgeon to duty as Group Surgeon at 332nd

³⁶ Interview with Mrs. Lois Gikkey Marchbanks, April 2005.

Group Headquarters. Ramsey, the Group's former surgeon, received an on-base transfer to the newly formed 553rd Replacement Training Unit (RTU), which would train replacements for 99th Fighter Squadron veterans as they completed their overseas tours and returned to the U.S. Before that time, replacements for 99th pilots lost to enemy action or to illness had been reassigned from the 332nd, since the AAF had no other available source of trained black fighter pilots.

These rearrangements and reassignments were part of preparations for the 332nd to embark for the Mediterranean theater. The final medical configuration for combat operations included flight surgeons Vance Marchbanks as the Group Surgeon, Bascom Waugh with the 100th Fighter Squadron, Harry Anderson with the 301st and Arnold Maloney with the 302nd.

All officers and men of the 332nd Fighter Group boarded troop trains at Selfridge on 22 December 1943, bound for combat. They would learn their destination only as their troopships neared Europe as part of a security policy signified by the slogan, "A slip of a lip can sink a ship!" Their trains arrived at Fort Patrick Henry, near Hampton, Virginia on Christmas Eve. Mrs. Marchbanks traveled by train from Tuskegee to Virginia to be near her husband as the 332nd waited for embarkation. Soon after she arrived the unit was confined to its post, awaiting orders to move to the troopships. She recalls Dr. Marchbanks crossing a field with a flashlight late at night to tell her goodbye through the perimeter fence. They would not see each other again until July 1945.³⁷ The 332nd remained completely out of touch with family and friends from that point until the men arrived in Italy in February 1944. Only then could they write their families to say that they had landed safely in Europe at an undisclosed location.

Although records are not specific in naming the flight surgeons remaining at Selfridge to care for fliers of the 477th and the 553rd, it appears that Drs. Ramsey, Jordan and another medical officer, Capt. Reynolds Burch (sometimes called "Dr. Bush" in 477th records) filled these posts. We will discuss the medical support to these two units in the next section.

Part II
477th Bombardment Group (Medium) at Selfridge Field, Michigan
and Godman Field, Kentucky
January 1944 – May 1945

A note to the reader—Selway activates the 447th Bombardment Group and Ramsey heads its Medical Department—Clinical medicine, preventive medicine and unit growth—Tensions and transfers.

"You're not ready to fly airplanes in combat. You're not ready to be in command of anything... You're just not ready! ...Major General Frank O. Hunter

A note to the reader

Records of the 477th Bombardment Group include redundant coverage for the 21 months from 1 January 1944 through 15 September 1945. The U.S. Air Force Historical Research Agency contains sequential files (IRIS numbers) with these dates:

³⁷ Interview with Mrs. Lois Gikkey Marchbanks, April 2005.

- Jan 44 - May 44 (IRIS #94561)
- Jan 44 – Sep 45 (IRIS #94562, entitled “A Composite Report”)
- 16 Jul – 15 Oct 44 (IRIS #94653)
- 16 Oct 44 – 15 Jan 45 (IRIS #94564)
- 16 Jan – 15 Apr 45 (IRIS #94565 with no medical section)
- 16 Apr – 15 Jul 45 (IRIS #94566 with no medical section).
- 16 Jul – 15 Sep 45: No report at all. The quarterly reports resume after 15 Sep 45, the closing date of the Composite Report
- 16 Sep 45 – 15 Feb 46 (IRIS #94567)
- 16 Feb - 31 Mar 46 (IRIS #94568)
- 1 Mar (*sic*) – 15 Jul 46 (IRIS #94569). The quarterly reports continue until the 477th deactivates

The Preface to the “Composite” report of 1 Jan 44 – 15 Sep 45 offers a discretely phrased explanation for its insertion into the histories previously written under the command of Col. Selway. Clearly, the Preface and Medical Sections of the new report written after the arrival of Col. Davis and Maj. Marchbanks, offer a different view of the tumultuous events of the past twenty-one months:

This, the historical review of the 477th Composite Group will amend all previous installments. In an effort to clarify the many questions that have arisen concerning the training, morale, leadership, and personal initiative, the writer has endeavored to give an objective analysis, using charts and graphs as nucleus of the factors leading up to the assumption of command by Col. B.O. Davis, Jr. As the same time particular emphasis was placed on the unorthodox manner of training, the unusual difficulties encountered, and variables that affected the efficiency of the men.

Unavoidable circumstances prevented the recording of the facts of historical value heretofore. However to insure a better understanding of the problems discussed in conjunction with the inclosed surveys, continued reference is made to previous installments.

It is the desire of the writer to make the reader cognizant of three basic questions when seeking the answers to “Where, When, How, Which, Why and What.” One, irregular assignment of personnel; two, the unusually long period of training, and three, the amount of experience in handling problems of this type possessed by the supervisory personnel (12).

Selway activates the 447th Bombardment Group and Ramsey heads its Medical Department

As the 332nd Fighter Group left Selfridge, the AAF continued with the organization of the 477th Bombardment Group (Medium) under Col. Robert R. Selway, Jr. Selway described the process in the formal prose of the era, referring to himself in the third person and using the passive voice:

Based on Col. Selway’s experience in reorganizing and training the Fighter Group and from the knowledge gained by that duty, a report was rendered and a Board of Officers from the Office of the Commanding General of Army Air Forces prepared, from this report, the plan for the organization and training of the 477th Bombardment Group (M) (Colored).

In order to initiate action in preparation for the creation of this Group, certain conditions were taken into account...

- a. That Tuskegee Army Air Field was the only field in the Flying Training Command processing and training colored pilots, and that it would be necessary for this field to train sufficient pilots for the colored Fighter Replacement Program and for the colored Medium Bombardment Group.

- b. That the organization and training of a Medium Bombardment Group would be a much more difficult problem since the Group would be approximately twice the size of a Fighter Group, could have many more technical specialized qualifications and would require the training of six (6) air crew members for each aircraft as compared to one air crew member in the single seat fighter airplane.

...In the closing days of 1943, the Colored Fighter Group departed for overseas and combat. Col. Selway was then called into conference...on the subject of activation of the 477th Bombardment Group (M) (Colored) and orders were issued by Headquarters, Army Air Forces, for the activation of this Group on 15 January 1944 [Adapted from (8), Foreword, History of the 477th Bombardment Group (M) (Colored)], pp. 2-3, written and signed in July 1944 by Col. Selway].

The 477th would begin with a Headquarters Squadron and progressively add four flying units: the 616th, 617th, 618th and 619th Bombardment Squadrons, which would fly B-25 *Billy Mitchell* medium bombers. These squadrons would activate at one-month intervals beginning with the 616th in January 1944. The first members of the 477th were African American officers and men left at Selfridge as overages by the departed 332nd Fighter Group. Pilots graduating at Tuskegee and ground troops for maintenance and logistic support would join 477th bomber crews and ground units, or be assigned to the newly formed 553rd Replacement Training Unit to train in fighter aircraft. In contrast to the 99th Fighter Squadron and the 332nd Fighter Group and its squadrons, African Americans would *not* command squadrons of the 477th. By July 1944 the Headquarters Personnel Roster of the 477th—with the footnote, “* Denotes Colored Officers”—named Selway as commander, Lt. Col. John R. Pattison, Jr., as deputy commander, two other majors, “*Major Arthur P Hayes” as executive officer, “*Major James P. Ramsey” as group surgeon, seven captains without asterisks and “*Captain John H. Clanton” as chaplain, followed by six first lieutenants (the dental officers, 618th Squadron commander, armament officer, and assistants to the adjutant and material officers) and 25 second lieutenants, all with asterisks. None of the captains or first lieutenants, with or without an asterisk, was listed as a medical officer. As Selway put it:

Experienced white officers, mostly pilots, came to the Group or to the Supervisory Squadron from Redistribution Centers, (having recently returned from combat zones), or from training assignments in the 3rd Air Force and the 1st Air Force. Several came from supervisory assignments at Greenville, South Carolina, and Columbia, South Carolina. ...Additional men came from Westover Field (Massachusetts) and other First Air Force installations...The choice of Colonel ROBERT R. SELWAY, JR., as commanding officer was a perfectly natural one. Colonel SELWAY, who was graduated from West Point in 1924, is experienced in training of negro [*sic*] soldiers...Major James P. Ramsey, who was assigned as Group Surgeon on 15 January 1944, was formerly of the 332nd Fighter Group (8, pp. 4-7, capitalizations in the original).

Col. Selway displayed two mottos for his new command: “Our hearts with our country, our eyes on the target,” and – more succinctly – “Get to your damn guns!” (9) As the 477th began to form up, its medical support consisted of Maj. James P. Ramsey and one non-commissioned officer (sergeant) assistant. Existing AAF tables of organization authorized one flight surgeon to serve a group’s headquarters section and its administrative squadron. The group surgeon would also serve as the commander’s medical staff officer, and would eventually have his own staff of some seven medics and clerks. As the four flying squadrons organized, each would have its own flight surgeon and about eight enlisted medical technicians, for a total Medical Department strength of five flight surgeons or AMEs and 39 enlisted men. This table of organization applied to Vance Marchbanks and his Medical Section in the 332nd Fighter Group as well. Later in

1944 the AAF changed the organizational table of its group medical departments, centralizing most outpatient and inpatient medical care in a station hospital, with one flight surgeon and two technicians at field dispensaries to serve the flying squadrons. (This reorganization also applied to the 332nd in Italy.)

Records of the 477th never give a clear listing of its assigned AMEs during 1944 and 1945. We do know that Drs. Jordan and Burch had been assigned to the African American AAF units at Selfridge before 1944, and that an unnamed flight surgeon—possibly Capt. Charles W. Brooks—was reassigned to the 477th when the 553rd Fighter Squadron left Michigan for South Carolina in May 1944. The 477th history for January-June 1944 reports, “During the month of March 1944 two Aviation Medical Examiners were assigned to the Group, bringing to four the number of Medical Officers available for duty. This situation lasted to the Group after its activation, was relieved and transferred to another base” (*sic*). This rather cryptic comment, which appears to have omitted a few words, may refer to the AMEs assigned to one of the newly forming bomber squadrons rotating to Sturgis Field or other disruptions early in May 1944 (see below).

Ramsey wrote of his facilities:

The area in Selfridge Field allocated to the administrative and housing functions was colloquially named “Boomtown” because it was the newest, undeveloped part of the field to which the Group was assigned. The Medical Dispensary was housed in a building in “Boomtown” which was originally an annex of the Officers’ Club for officers temporarily billeted in that area. One large room with two smaller rooms at one end of the building and two washrooms at the other end constituted the Dispensary. The conversion of this building into a suitable first aid Infirmary was accomplished by storing drugs beyond the bar and converting the counter into a dispensary for medicines. One of the washrooms became a Prophylactic Station equipped with the necessary chemicals for this purpose while the two smaller rooms at the other end of the building were converted into offices for the personnel...[Equipment included] sterilizers, Fairbanks weight and height scales, folding bed-side tables and field folding tables (8, pp. 90ff).

Troops assigned to the 477th began to arrive in earnest in February 1944. In addition to seeing troops daily on sick call, Ramsey was faced with the problem of performing the periodic physical examinations necessary for officer and enlisted fliers. At his request, the Base Engineering and Utility Sections constructed a separate Physical Examination eye lane, 27 long and 7 feet wide in size and painted black inside. Medical supplies and other logistic support functions were readily available from a Captain Skeath at the Medical Supply branch of the Selfridge Station Hospital, “a source of unforgettable pleasure because it was the easy availability of necessary supplies from this source that permitted the continuance of conservation of fighting strength” (8, p. 91).

Clinical medicine, preventive medicine and continued unit growth

Ramsey’s duties included teaching medical subjects to troops of the 477th as part of their military training, a responsibility that required two hours per day of formal lectures by him or his associate (see Chapter Three for topics and schedule). The doctors also provided on-the-job training (OJT) to their medics while performing Sick Call, physical examinations and general dispensary duties. As with all military units, venereal disease prevention, prophylaxis and treatment continued to be a major medical concern. The venereal disease situation at Selfridge:

...was not of alarming proportions as compared with other units and therefore one can say that the proximity of nearby Detroit (22 miles) acted in no way to influence the medical attention required. On the contrary it is felt that the wisdom of selecting a training site near a large metropolitan city has certain advantages: the variety of recreational opportunities and the size of the civilian population are sufficient to easily absorb large numbers of troops and at the same time information is easily available concerning vice areas and vicinities of venereal disease as to offer ready warning to many of the troops.

A single factor which is responsible in large measure for the increased number of cases of men under treatment for venereal disease is the practice shown by some unit commanders of permitting the transfer of large numbers of venereal cases from their units to other organizations. The 477th Bombardment Group suffered heavily as a victim of this practice. A newly organized unit, receiving soldiers from other units all over the country, will always bear the brunt of such practice unless altered procedures can be adopted (8, pp. 91-2).

Sick Call at Selfridge held few surprises or challenges for physicians and medics. For about three hours each morning, soldiers arrived for treatment of sore throats, colds, athlete's foot, sprains and strains. Ramsey, who appears to have had a sense of humor about the situation, wrote that the men also came with "complaints so buried in vagueness that no diagnostic facility could elicit the true cause." The small Medical Department gave "every possible attention to these complaints...with the hope that as more planes and duties were assigned to members of the command, less time would be required for attention" to men having nothing better to do than to sit in the dispensary waiting room.

By April 1944, the 477th and its single squadron, the 616th, had only 175 flying officers assigned against its authorized strength of 290. Most of the shortage was due to the critical lack of African American navigator-bombardiers, without whom crew combat training was impossible. On the other hand, the unit had 103 non-flying officers assigned into its 72 authorized positions, and enlisted strength rose to 1643 assigned by July 1944, against 1297 slots. Most of the overage was due to enlisted administrative personnel, who required less training after enlistment and thus arrived at their duty assignments earlier than those attending technical schools. Also lacking were trained African American combat crewmembers (there were none!) and experienced crew chiefs, flight chiefs, line chiefs, and airplane inspectors—the sergeants essential to assure safe and effective aircraft maintenance. In spite of these personnel deficiencies, the 617th Bombardment Squadron activated on 15 April 1944 at Selfridge Field.

Tensions and transfers

Training and organization continued that spring until, without warning, every African American unit at Selfridge Army Air Field received orders to depart on 14 May 1944. Within a few days the 477th moved to nearly Godman Field, located on the grounds of Fort Knox, Kentucky, and the 533rd departed by rail for Walterboro Field, South Carolina. Both Godman and Walterboro had just been shifted from Third Air Force control to the First Air Force. Soon after the 477th arrived at Godman, the 616th Squadron transferred another 120 miles west to a small post, Sturgis Field, Kentucky. The 618th activated at Godman on 15 May and the 619th on 27th May (8, p. 16).

Official unit histories written during and just after World War II do not mention the reasons for the sudden and simultaneous transfers of the 477th and the 533rd. Other sources such as the biographies and histories of the Tuskegee Airmen state clearly that these unit moves resulted from racial tensions. African American officers, especially the

veteran combat pilots who had just returned from overseas duty, refused to comply with Selfridge Field regulations that forbade them to use on-post facilities such as the Officers Club. Beginning on New Year's Eve, 1943 and extending into the first weeks of 1944, officers of the 477th and 553rd challenged these orders and policies in person. Small groups of officers in full uniform attempted to enter the Club and were arrested and confined to their quarters. Articles in the African American newspapers and the national press brought the matter to public and political attention outside military channels. In response to the widely publicized actions, the AAF sent Brig. Gen. Benjamin O. Davis, Sr. and an investigating committee to Selfridge. Following the committee's report, the white post commander and his deputy were relieved of command and transferred. African American morale at Godman improved, but only briefly. Following Davis's report, the Third Air Force commander, Major General Frank O'Driscoll Hunter, flew to Selfridge in March 1944 and:

Summoning all Black officers...to a mandatory officers call, he proclaimed in effect: You're not ready to fly airplanes in combat. You're not ready to be in command of anything. Negroes can't be expected to obtain equality in 200 years, probably more. You're just not ready!...Two months after his diatribe, General Hunter as commanding general of First Air Force transferred the 553rd RTU from Selfridge (1, pp. 171-2).

All officers and men of the 553rd Fighter Squadron were loaded onto a train with no information as to its destination and no means of communication with the outside world. Thus isolated, the squadron went from Selfridge (near Detroit) into Canada, across to New York's Mohawk Valley, southward through Pennsylvania and on through the Atlantic seaboard states. The trek ended on a remote railroad spur track in the pine forests of South Carolina. Still isolated, with armed guards around them and no idea where they were, the officers and men boarded small trucks and rode down dirt roads to Walterboro Army Air Field. White pilots flew the squadron's P-40s in from Michigan to South Carolina (1, pp. 172-3).

Part III

553rd Fighter Squadron becomes 126th Walterboro Army Air Field Base Unit May 1944—September 1945

History of Walterboro Field and arrival of the Tuskegee Airmen— Walterboro AAF Medical Department — Living conditions; German prisoners of war arrive —Postwar demobilization.

“We were insulted and humiliated in our own native land!” ...Maj. Charles A. Dryden

History of Walterboro Field and arrival of the Tuskegee Airmen

In the summer of 1942, the AAF sited a new military base about 30 miles west of its major airfield at Charleston, South Carolina, near the rural village of Walterboro. New construction expanded the former municipal airport, Anderson Field, to a complex of three intersecting runways, each about 4500 feet long and 150 feet wide. Some 2000 troops moved in as the runways were completed, arriving before base buildings were finished. As their African American counterparts were doing during the establishment of Tuskegee Army Air Field, the Walterboro AAF soldiers and aviators lived there under full field conditions: tents for quarters and mess facilities, canvas Lyster bags for drinking

water, and open straddle trench latrines until proper burn-out latrines in tents could be constructed. Army physicians provided medical care from dispensary tents. Mud abounded, and mosquitoes from surrounding coastal swamps served as vectors for endemic malaria; intensive mosquito and malaria control programs were underway by October. Flying instructors began combat operations training for medium and heavy bomber crews heading overseas, mainly in twin-engine B-25 *Billy Mitchell* and four-engine B-24 *Liberator* aircraft. By November, officers and enlisted men gradually moved into permanent quarters as they were completed (13, Vols. 1-2).

Walterboro served as an organizational combat training base for bomber units from late 1942 until the spring of 1944, graduating six bomber groups (24 squadrons), one group every two months, as well as training many base support units. On 16 April 1944, the airfield discontinued bomber crew training and was transferred from the Third Air Force to the First Air Force with a new mission: combat training for all fighter pilots graduating from Tuskegee.

Upon its arrival from Selfridge Field, Michigan, the 3rd AF's 553rd Squadron lost its designation as a fighter RTU. Transferred to the 1st AF effective 6 May 1944, it became the 126th AAF Base Unit Fighter – Combat Crew Training Squadron. Walterboro Army Air Field changed from an operational bomber training base to the only AAF Staging Area for P-47 pilots on 1 June 1944, with its primary duty assignment stated as the “final training and ‘staging’ of colored fighter pilots, all recent Tuskegee graduates, as overseas replacements for the 332nd Fighter Group” (1st AF General Order #61, 26 May 1944, cited in [13]).

Walterboro AAF Medical Department

Outpatient medical support for troops at Walterboro began with the arrival of Capt. Henry Speed in October 1942. Hospital wards opened a month later, with Ward 1 devoted to neuropsychiatric patients, Wards 2, 3 and 4 for general medicine, and Ward 5 for infectious diseases: upper respiratory infections (URIs), measles, mumps, chicken pox and other contagious diseases, malaria and venereal diseases. Wards 6 and 7 served surgical patients. Medical support for the small, isolated base came from a Station Hospital staffed by white general medical officers, internists, surgeons, orthopedists, and one obstetrician-gynecologist.

Air conditioning was installed in the hospital in July 1943, and the bed count increased from 50 to 217 during the year. The hospital admitted some 1600 patients by the end of the year, including 982 surgical cases. Surgeons performed 592 major and minor operations, and consulted on 868 patients on other services. An obstetrics and gynecology ward for service wives on post and nearby opened at the end of 1943, delivering about 8 babies per month during the next year.

The hospital continued to be busy after the arrival of the troops from Godman in May 1944, with little changed in its inpatient census numbers. The arrival of the African Americans swelled the airfield from about 1200 men to over 1600. The overage gradually diminished through overseas assignments, transfers and discharges. One unnamed flight surgeon, presumably white, furnished care to the fliers permanently assigned to the base staff as instructors and to the students temporarily assigned for combat training. Though the hospital diminished to 75 beds over the summer of 1944, its medical staff remained about the same (13, Vols. 1-2).

Living conditions; German prisoners of war arrive

Morale among the African American pilots was low. Most base facilities, including the Officers Club, theater and living quarters, were off-limits to the black troops and their families. Living conditions outside the base for the African American arrivals were bleak; only six of the married couples had houses with running water and indoor toilets. Black families were quite aware of the punishment and banishment implicit at their isolated location in the strictly segregated South. Walterboro had no recreational facilities for them except for a small USO “located in the Colored schoolhouse” off base (13, Aug-Oct 44, pp. 5-6).

Black indignation intensified with the arrival of 250 German prisoners of war. The Germans earned 80 cents a day, paid in Post Exchange chits that they could use to purchase food and other items. Enemy prisoners ate in the Exchange cafeteria, while the African American pilots and enlisted men—some of them veterans returned from the Mediterranean Theater—were forbidden to eat there because of their color. “Six of us were combat flight instructors, veterans who had already fought Germans overseas and had lost comrades killed by the enemy. WE WERE INSULTED AND HUMILIATED IN OUR OWN NATIVE LAND!” (1, p. 176, emphasis in the original; 13, Aug-Oct 44, p. 58).

Outrage over this policy, led to a series of boycotts, confrontations and appeals to public officials and the African American press, and some events ended in military courts martial (1, 2, 4). In spite of the turmoil, about 25 Tuskegee graduate pilots received fighter combat training at Walterboro each month. Veteran black instructor pilots taught transition flying into the fighter aircraft, formation flying, instrument and night flying, aerial and ground gunnery, bombing tactics, aerobatics, and air combat tactics. Successive aircraft models arrived, so instructors checked out in P-47s, P-39s, P-40s and then the P-51s being flown by the 332nd in Italy. Social and living conditions never really improved in and around Walterboro, but the flying mission continued to be safe and effective (1, Chap. 9; 13, Aug-Oct 44).

The pilots at Walterboro stayed in contact with fellow Tuskegee graduates in the 477th. B-25s of the 617th Bombardment Squadron at Godman Field, Kentucky on 14 February 1945 and from the 618th and 619th at Freeman Field, Indiana (15 March and 15 April, respectively) flew to South Carolina for gunnery practice and reconnaissance camera missions. Each bomber squadron, under the command of five white administrative officers, included 10 aircraft and 16 African American crews: 32 pilots, 16 bomber-navigators and 48 enlisted aircrew members. Some 100 members of the 115th ABU from Godman Field were assigned on detached duty for maintenance duties.

The B-25 crews also flew missions with locally based fighter planes during their two-week tours at Walterboro. Exercises in coordinated escort tactics benefited both the bomber crews and the fighter pilots (13, Supp. 3, pp. 4-5, Feb-Apr 1945). Each squadron flew about 100 missions at Walterboro before returning to their home bases, or to Atterbury or Sturgis fields for further training. As far as can be determined from official records, no African American flight surgeon or other physician was ever assigned to Walterboro. If true, this meant that white physicians, dentists, nurses and technicians provided all army medical care for the black troops and their families.

Postwar demobilization

Walterboro Army Air Field rapidly demobilized following the end of World War II in September 1945. The final medical report noted that only one physician and two technicians remained to furnish dispensary services to the few remaining troops. All Tuskegee flying units at Walterboro had been deactivated (13, Dec 1945). African American troops who chose to remain in the service moved to Godman Field.

Part IV

477th Bombardment Group at Godman Field, Kentucky, Sturgis Field, Kentucky and Atterbury Field, Indiana

May 1944-May 1945

Ramsey organizes a new medical dispensary – Godman, Sturgis and Atterbury Army Air Fields

“...it is believed that when this overage has served its purpose and been reassigned many of the Sick Call Riders will be removed”...477th Unit History.

Ramsey organizes a new medical dispensary

Within three days of the 477th's transfer from Selfridge Field to Godman Field, its Medical Department began to care for patients in a two-story wooden structure that previously housed a B-26 Bomber Group. Group flight surgeon James Ramsey noted that sick call numbers at Godman “increased manyfold” over those at Selfridge. He ascribed this in part to easily available in-patient care at the nearby Fort Knox hospital, which was a unit of the Army Ground Forces rather than the Air Forces. Ramsey believed that his patients had too much unoccupied time on their hands at their new station on the huge army post, and that possibly they preferred a bed on the ward to the drudgery of make-work duties around the barracks:

Many of the patients seen regularly at sick call would have been disposed of more expeditiously at an Army Air Forces hospital. A goodly percentage of these [hospitalized] men were numbered among the overage of the Group and it is believed that when this overage has served its purpose and been reassigned many of the Sick Call Riders will be removed (8, p. 94).

Ramsey's observations reflect the attitude of excess troops having too much unoccupied time on their hands, a fact that also affected the VD rate. He ended his Medical Report by expressing the hope that his efforts to locate a Prophylactic Station “in the center of Louisville [Kentucky, 30 miles from Godman Field]...is about to be rewarded and it is hoped that because of this the increasing venereal disease rate will be lowered (8, p. 94).

In his next quarterly report, 16 July through 15 October 1944, Ramsey continues his struggle to prevent venereal diseases among the troops:

On 1 September 1944 under the jurisdiction of the Fifth Service Command there was opened in Louisville another U.S. Army prophylactic station after many weeks of delay and negotiation. This station, located in the center of that busy area where so many soldiers from Godman Field found their recreation, was a most welcome addition to aid in the venereal disease program.

Below for ready comprehension is a table which represents the incidence of venereal disease and the percentage decrease monthly from 1 August 1944 to 27 October 1944:

<u>Month</u>	<u>Rate</u>	<u>Per Cent Decrease</u>
August	370.8	---
September	197.4	46.5
October	144.6	27.1

Another device which it is felt would contribute to the prevention of venereal disease is perimeter fencing around Godman Field. The absence of this fencing is unusual for an Air Base... [A recommendation for such fencing in August 1944] was made with the view of preventing visitors, particularly females, from violating visiting hours and the privileges extended to visitors. In addition...military personnel arriving at the gates could be checked for sobriety and the necessity for preventive medical attention. A third purpose would be served in that cases of venereal disease under treatment would be unable to gain access to public highways while under medical restriction...

Continuous medical examinations and scrutiny for overseas fitness has progressively eliminated from the ranks of the tactical units at Godman Field those soldiers who always constitute the bulk of regular sick call riders...It is expected that as training becomes more and more perfected and each man fills his duty assignment with "the team" that sick call will resemble what it must in combat theaters where doctors are kept busy restoring non-effectives who are anxious to get back to their duties.

An unending source of pride and satisfaction to all men associated [with] the 477th Bomb Gp (M) is the flying safety record. From 22 January 1944 until 28 September 1944 during which time 13,445 flying hours had been accumulated there had been no accidents of any type...in my judgment it may all be summed up with the statement that we have capable pilots and excellent aircraft. [The pilots' deep and quiet confidence] has eliminated any source of those psychic reasons which sometimes develop among men who come to fear their aircraft and its unpredictableness (9).

Godman, Sturgis and Atterbury Army Air Fields

Godman Field had been planned as an auxiliary facility for Fort Knox. The influx of a full medium bomber group and its associated ground troops, all of whom had to be segregated from the whites at Fort Knox, would stretch the little airfield's ground resources and airspace to the limits. After arriving from the more spacious airfield at Selfridge, Col. Selway began a series of squadron rotations to Sturgis Field, Kentucky and to Walterboro for aircrew training. He had established the 117th Base Unit at Sturgis in January 1944 to oversee the airfield. If the scanty records of the 117th reflect the true situation, its main function seems to have been "Hail and Farewell" parties for its personnel. As a small sub-base of Godman, Sturgis constructed mainly for bivouac training, could only accommodate one medium bomber squadron at a time. The eight pages of official reports from Sturgis that are available (15 April – August 1944) speak of its use for parachute training, one-week visits by various group headquarters detachments and one fighter-bomber squadron rotation from a base in Florida. The establishment of a weather station at Sturgis was a signal event: the unit had four commanding officers within a month, each receiving overseas orders after a week of duty. As the 616th and 617th Bomber Squadrons each had its detached duty at Sturgis, three flight surgeons (white) came and went: Capt. George S. Farrell in June, Capt. David Norton in July and Maj. Sidney Schnur in August 1944. No medical reports are included in the records from Sturgis Field. The 477th moved its squadron rotations to Atterbury when the 617th returned to Godman in August (15).

Maj. Ramsey reported that the 618th and the 619th moved to Atterbury Army Air Field in Indiana from September 1944 - January 1945 to relieve congestion in the

Godman area and to use their “excellent facilities for night flying there.” Two 477th AMEs, possibly Capts. Brooks and Burch, and twelve medical corpsmen accompanied the squadrons. They took along two field ambulances and all medical records of the troops. As was true at Godman, which used the hospital at Fort Knox, Atterbury AAF had no hospital of its own and required “dependence on an Army Ground Forces hospital at Camp Atterbury, 18 miles away.” The airfields at Godman and Atterbury both had small dispensaries with a few beds for patients requiring no more than 72 hours of in-patient care not warranting longer hospitalization. “These cases, termed ‘quarters’ cases, are those more readily available to medical care than would be possible were they confined to their particular barracks. It has served too in helping medical corpsmen become familiar with ward-room procedures and on-the-job training” (9). Godman supported their troops at Atterbury by means of two daily round trip flights, thirty minutes each way, to carry passengers and equipment (12)

Ground training at Atterbury included Preparation for Overseas Movement (POM). POM covered practical matters: bivouac, the firing range, malaria control, camouflage and first aid. Each Tuesday was Field Day. All men had to wear their gas masks for at least one hour on that day, as well as having them immediately available in case a jeep drove by spewing out tear gas. Recreational facilities, limited for the white troops, were almost nonexistent for African Americans. The Tuskegee officers fixed up an abandoned farmhouse on the field as their Officers Club. The NCOs and enlisted men had no clubs at all on the field. The nearby village of Columbus had no black citizens, and Franklin, a few miles further, had a small USO but “an inadequate number of young civilian adults.” This deficiency was compensated in part by dances in the airfield’s gymnasium with WACs who came by bus from Camp Atterbury.

Soon after the arrival of the 477th troops at Atterbury, their First Sergeant submitted a suggestion that the field be renamed “McCullough Army Air Field” [*sic*; the pilot was 1/Lt. James McCullin (2)] in honor of the first Tuskegee pilot to die in combat. The request pointed out the ongoing confusion between Camp Atterbury and Atterbury Field, adding several examples of lost mail and misdirected personnel and equipment. The request received positive endorsement at local levels of command but was disapproved by Col. Selway on the grounds that it was unnecessary, and that the name might be inconvenient for local citizens if the airfield became their local airport after the war (13).

The 477th had its first aircraft accident at Atterbury on 28 September 1944 “when on of the planes of the 619th Bombardment Squadron (M) on a combat training flight made a crash landing at night three miles from the Field. All personnel escaped serious injury, but the plane burned. The effect of the crash was probably salutary both at Atterbury and at Godman, because it ended the tension of so long-continued a record, and caused some down-to-earth taking of stock” (14, p. 23).

Maj. Gerald Krosnick, 0-387757 (white) was the Base flight surgeon at Atterbury. “Major Krosnick was a Fighter Group Flight Surgeon in the European Theater of Operations for two (2) years. The Major has four (4) bronze stars for his ETO ribbon and two (2) oak leaf clusters for his Distinguished Unit Citation.” His small dispensary routinely saw fifty patients per day, receiving its consultative services from Wakeman Army Hospital at Camp Atterbury (14).

Because Atterbury medical personnel (white) were below strength, some of their functions were assumed by African American medical personnel, including routine medical laboratory procedures such as smears for bacteriological analysis, blood counts,

urinalyses and sputum analyses, and other cooperative functions such as 24-hour flight line ambulance coverage – the Base was also short of ambulances. “This aids tremendously in saving time [at the base dispensary]...there was complete harmony and cooperation between the Base and the Group Medical Departments. Men of either group worked interchangeably at either of the two dispensaries” (9, p. 50).

Maj. Krosnick and the two Godman AMEs shared other duties. One squadron AME served as base VD control officer, “with responsibility for control and treatment of all VD cases on the Field. Another [squadron AME] was appointed the Base Sanitary Officer and as his assistant[s], one Base and one Group soldier were appointed. The latter has rendered invaluable aid. The entire sanitation of the Base was assigned to this Group.” The author of this report, Capt. Charles W. “Red” Brooks, MC, AME of the 619th Bombardment Squadron, goes on to describe a joint effort of the Base and Group Medical Departments to establish a “definite and vigorous” VD control program on base and a prophylactic station in Indianapolis. This effort arose from a “surprise inspection” early in the rotation that turned up a number of unreported cases of VD, probably acquired “at the prior station” in light of the few opportunities available at Atterbury. In spite of initial disapproval from “the higher echelon,” the Group, by “cutting red tape, enlisted the help of two Training Unit officers...who working diligently were able to solicit sufficient funds to rent and equip the Group Prophylactic and First Aid station.” Two medical soldiers were placed on detached duty to operate the station in Indianapolis, which quickly proved its worth: sixty prophylactic procedures in a week, in contrast to only three the week before. The indisputable value of this facility was recognized when Fifth Service Command assumed responsibility for its financial obligations. The VD rate fell by two-thirds in three months (14, p. 22).

Capt. Brooks goes on to give specific credit and thanks to Wakeman Army Hospital at Camp Atterbury, and to all officer and enlisted members of the Atterbury airfield’s Base and Group Medical Departments. At the end of January 1945, one squadron returned to Godman, leaving at Atterbury Army Air Field “an efficient, small but well built Medical Group carrying on in a manner [of which] the command may well be proud” (10).

Historical reports by the 477th before May 1945 reflect the continuing instability of its personnel and training. The Group had no hint as to where it might be assigned to combat—Europe, the Pacific or the China-Burma-India Theater. B-25s were used differently in the various theaters, and this uncertainty affected the group’s preparations for war. One has only to consider the nature of aerial combat around the world. The small bombers flew fairly short missions over Europe against German army positions defended by the Luftwaffe, undertook long and dangerous over-water missions in the island-hopping campaigns of the Pacific, and took off from primitive jungle airfields for flights across undeveloped mountainous terrain to attack Japanese targets in the China-Burma-India Theater. Each of these theaters of war required its own flight and survival training for a different type of flying mission.

Perhaps less obvious is the nature of specific medical and aeromedical support for fliers and ground crews in these arenas: differences in enemy capabilities, climate, temperature, local diseases, major medical support, supply routes, evacuation of sick and wounded soldiers, flights over cultivated land, over expanses of ocean or over impassible jungles and mountains and many other factors (3, pp. 28-46).

Uncertainty about such matters affected morale of the African American troops at home, and this lowered morale influenced medical matters. The 477th spent the last year

of the war rotating its undermanned squadrons between Sturgis, Atterbury, Godman, Freeman and Walterboro Army Air Fields. War game training at Walterboro pitted the Tuskegee bomber crews of the 477th against Tuskegee fighter pilots preparing for duty in Europe. It is to the credit of all involved in support of this training that the accident rate remained low and that no notable aeromedical problems occurred. Only after the end of the war did all these units rejoin at Godman Field under the leadership of Col. Davis and the medical care of Maj. Marchbanks.

In the Medical Department section of the 477th's "Composite Report" described above and written in retrospect after Marchbanks arrived in the summer of 1945 (see Chap. 7), we find the following data:

Three enlightening articles were written concerning the Medical Department for previous installments. [These were written by Dr. Ramsey, and have been cited above.] The most important single factor involving the Medical department was the continuing fight against VD. In April 1944 a drive was made to rid the Group of all VD cases, most of them having been transferred into the Group from other organizations. Making use of the excellent facilities in Detroit and vicinity, the goal was well within reach when the Group moved to Godman Field in May [1944]. The rate report shows decrease in the rate from 290.9 to 111.4 [calculated each month per thousand troops assigned per year] in spite of the assignment of 131 men. However, this was short lived, for the report for the first month in Kentucky showed an increase in the rate from 111.4 to 253.0. A repetition occurred in the move from Godman Field to Freeman Field, Indiana in May 1945.

VD RATES FROM ACTIVATION TO VJ DAY

Month	No. of Cases	Strength	Rate
Jan 1944	0	17	0
Feb	0	174	0
Mar	7	636	35.8
Apr	10	1015	128.0
May	24 [Godman]	1362	290.9
Jun	28	1493	111.4
Jul	35	1541	253.0
Aug	62	1823	370.8
Sep	56	1834	198.4
Oct	28	1974	144.8
Nov	25	2047	121.1
Dec	42	2100	178.2
Jan 1945	25	2035	153.3
Feb	32	1542	218.8
Mar	18	1559	141.7

Immediately upon movement from the Louisville area the rate dropped from 215.6 to 141.7; however, the following month, upon return to Godman Field, the rate increased to 216.11. A survey of the city of Louisville, Kentucky and surrounding communities disclosed the inadequacy of recreational places available for Negro soldiers. Of all the fairly decent Bars available, six (6) of these were off limits to the men (12).

Why this emphasis upon fluctuations in incidence of venereal disease? The *numbers* of men generating these VD *rates* may help the reader to understand the dimensions of the issue. The highest rate, 370.8, represented 60 cases among 1834 men in August 1944. The lowest rate, 111.4, represented 28 cases among 1493 men in June 1944. Note that although 28 cases represent a little less than 50% of 60 cases, a rate of

111.4 is less than one third of 370.8. A few cases of VD in a little organization (termed the ‘small number effect’) could have a disproportionate effect on its overall VD rate. This statistic dominated routine Medical Department reports of that era. At times, official records had little additional health care data of any sort, and so units could be medically compared on the basis of their VD rates alone. Numbers of men absent from duty because of treatment for VD affected unit performance. VD itself had (and has to this day) a moral overtone. Further, racial differences in VD rates could be used in a derogatory way. Marchbanks clearly understood these factors when he offered his amendments to Ramsey’s records. He chose to augment Ramsey’s medical reports only by expanding upon the geographical explanations for variations in the venereal disease rates.

As we have seen, the changing locations of the 477th and its squadrons came about because of attempted logistical solutions to the difficulties of maintaining the Tuskegee soldiers in segregated surroundings. Apparently, little attention was given to factors that were apparent to their physicians: if soldiers had no off-base social outlets except for bars, they were more likely to have infectious sexual contacts than if they could attend sports events, go to theaters or dance at chaperoned USO Clubs. Prophylactic Stations and PRO-KITs offered a rather ineffectual second line of defense where the only social outlet involved alcohol and bar girls. The rise and fall of VD rates associated with the locations of the 477th is a clear example of unfortunate medical effects arising from administrative decisions. For a more complete discussion of this mater, see Appendix IV.

Marchbanks concluded his comments on the period before his arrival with a listing of physical examinations performed by group physicians. Although he offers no explanation for the variations in these numbers, they seem to parallel the growth of the unit and the decline of that growth as the war drew to a close:

The following recodes are included...for future reference:

NO. PHYSICAL EXAMS CONDUCTED MONTHLY SINCE ACTIVATION

	<u>1944</u>	<u>1945</u>
Jan	0	420
Feb	35	10
Mar	197	6
Apr	39	8
May	35	0 [V-E]
Jun	74	8
Jul	172	22
Aug	13	25 [V-J]
Sep	191	
Oct	56	
Nov	18	
Dec	375	(12)

This table of data ended the medical portion of the retrospective amendments by Col. Davis and Maj. Marchbanks to the three sets of records written by Maj. Ramsey during Col. Selway’s command of the 477th Bombardment Group. Careful reading of the two histories and their differing interpretations of events, both written in the careful and formal military terms of the era, reveal the stresses placed upon both white and black commanders and their staff members by the politics and practices of racial discrimination. When one considers the tremendous overall pressures, sacrifices, heroism and tragedy of World War II experienced by the entire world during 1944 and

early 1945, the disproportionate attention and logistical effort focused by the U.S. Army upon segregating one small B-25 bomber group from the rest of its Air Forces demonstrates clearly the magnitude of American racial tensions of that era. The cooperation of one white and two black flight surgeons and their medics, barely mentioned in the obscure medical records of tiny Atterbury Army Air Field, represented a small but hopeful step toward the Double V.

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CHAPTER SIX

THE 332ND FIGHTER GROUP IN ITALY

January 1944 – July 1945

22 Dec 43: 332nd departs Michigan for port of embarkation—2 Jan - 3 Feb 44: voyage to Sicily and Italy. 332nd joins 12th AF's 62nd Fighter Wing at Montecorvino and Capodichino Airfield for combat operations near Naples—22 Mar: Mt. Vesuvius erupts for a week—19-29 Apr: enemy air attacks on 332nd fields—Jun 44: 332nd transfers from 12th AF to 15th Air Force. Missions shift from coastal defense to bomber escort—30 Jun: 99th Fighter Squadron joins 332nd Fighter Group - July 1944: The 99th and the 332nd unite at Ramitelli – May 1945: Germany surrenders, Japan awaits.

Each of us saw in this situation a chance to be a doctor in a world of our own. We all were sure that we “had what it takes” and were confident in our ability to take care of any emergency that might arise. ...Major Vance H. Marchbanks, Jr.

Deployment: The 332nd departs Michigan for port of embarkation

As 1943 drew to a close, the 332nd Fighter Group prepared to deploy from Selfridge Army Airfield, Michigan across the Atlantic and into combat. As Major Vance H. Marchbanks, Jr. related in his Medical History of the Group, “Lt. Col. Benjamin O. Davis, Jr. assumed command on 7 October, and the Group [finally consisted] entirely of Colored personnel on that date” (10, p. 3). Inspections and practice of simulated departure procedures assured that the unit was ready to go on short notice.

The group received orders restricting them to Selfridge on 21 December, a clear indication of impending departure. The next day, all personnel boarded a train for a three-day trip to their port of embarkation (POE). To insure secrecy, the POE remained unknown even to Davis. Arriving at Camp Patrick Henry in tidewater Virginia on Christmas Eve, the men moved into a staging encampment, ‘Area 8.’ Marchbanks, the senior flight surgeon present, served as Area Surgeon while the 332nd waited to proceed to the port for embarkation. He wrote that his work involved:

...last minute immunizations and screening of personnel. In spite of the cold winter days and restrictions during the holidays, morale was high. It was that way because many of us had been together a long time, and some of us had been acquainted since childhood. We were all fighting for a common cause and we were suffering with the same problems. It was Christmas time and we were on the way to parts unknown. On New Year's Day 1944 we were still in the staging area. 2 January 1944 found the group and all the squadrons waiting for “Z” hour. Orders were received late in the day that all personnel would be ready to clear the staging area before the break of dawn. Equipment was to consist of full pack and the old horseshoe roll of shelter half and blankets.

It was a meteorological coincidence or maybe a pure coincidence that each previous move the group had made was a forerunner of rain, rain and more rain. At approximately 0445 3 January 1944, the 332nd Fighter Group [formed up] at the rendezvous point amid a light sprinkle of rain, which in a very short while developed into an incessant downpour, [and] marched to the train. There was a train ride, a boat ride, and then at last that old scene that we had seen so many times

before, “embarkation.” The strange thing about all this is that not a man caught a cold, and the only cases we had to treat were those of “Gang Plank Fever,” better known as “Nostalgia” (10, pp 4-5).

The group would sail to the war zone on four War Service Army Transport EC2s: *SS William Few* (332nd Headquarters Section), *SS Clark Mills* (301st Fighter Squadron), *SS T.B. Robins* (302nd Fighter Squadron), and an unnamed fourth vessel for the 100th Fighter Squadron. These mass-produced vessels, popularly known as “Liberty Ships,” were fabricated in 250,000 parts at war plants around the country. One part could weigh only a few pounds, or it could weigh as much as 70 tons:

The parts were sent by train to shipyards where skilled workers assembled and welded them together. Construction of one ship took about 70 days, but the nation-wide mass assembly line process produced several launchings each day. Each ship was 441 feet long and 56 feet wide. Powered by a three-cylinder reciprocating steam engine that was fed by two oil-burning boilers that produced 2,500 hp, Liberty Ships had a top speed of 11 knots. Each ship had five holds that could transport about 550 troops and 9,000 tons of cargo. It could also carry airplanes, tanks, and locomotives lashed to its deck. Liberty Ships were only lightly armed with a 4-inch stern gun, two 37 mm bow guns and six 20 mm machine guns. More than 2700 Liberty Ships were launched during the war, and some 200 were sunk by enemy action.³⁸

Living quarters on a Liberty Ship were crowded, and amenities sparse. The crew of each ship consisted of 44 sailors and 12 to 25 Naval Armed Guards, whose only medical care was provided by the “Purser-Pharmacist's mate,” a combination bookkeeper and medic. Care of the troops being transported fell to unit medical personnel.

Finally the day came for the men of the 332nd to board their ships. The flight surgeons accompanied their own units. Marchbanks wrote:

The group was split into many small groups, and placed aboard Liberty Ships. [Officers and enlisted men of the Group Headquarters Section boarded the *SS William Few*, quickly dubbed the “Willie Foo”]. This was a great day for the medical department, and especially for the physicians. Each physician was informed that he would be the surgeon of the particular ship upon which he sailed. That brought back to our minds a multiplicity of things; the old days in medical school, internships and residencies, ways in which we handled certain cases, that gastric ulcer we saw rupture years ago, and many of the other complicated cases in which we were assistant to the fifth assistant. Each of us saw in this situation a chance to be a doctor in a world of our own. We all were sure that we “had what it takes” and were confident in our ability to take care of any emergency that might arise. With the intelligent aid of our medical enlisted men we carried on and none of us had to perform any major surgery. There were usual cases of seasickness and headaches...Liberty Ship sanitation is in a general way poor, but there are enough facilities to adhere to general rules of sanitation. As a result there were no serious outbreaks of disease.

The voyage across the blue Atlantic was uneventful with the exception of a submarine scare on the afternoon of 20 January, when the...convoy entered the smooth waters of the Straits of Gibraltar... in a matter of moments the entire convoy had not only dispersed, but had completely reversed its course. With destroyer escorts dropping their depth charges, it was not long before everything was in good order again. This was the only battle action that we saw [crossing the Atlantic and the Mediterranean] (10, pp. 4-5, 7).

³⁸ Data downloaded 17 June 2005 from www.usmm.org/libertyships.html.

332nd Fighter Group joins the Twelfth Air Force in western Italy

Having sailed from Virginia on 2 January 1944, the *Few* crossed the Atlantic with no major incidents. The transport docked for a few days at Augusto, Sicily on 27 January and then sailed on to Taranto, a port under the “arch” of the heel-shaped Italian peninsula. There the troops gladly disembarked after almost a month on the slow and crowded vessel.

Lt. Col. Davis assembled the Group Headquarters Section and the 301st and 302nd Squadrons at Taranto in a British area “where sanitation was rugged but adequate.” Marchbanks noted that, upon reaching their camp, “...the usual principles of sanitation had become a reality.” While the group and two squadrons set up temporary quarters, Davis and Marchbanks set off to locate the third squadron, now “lost.”

The Liberty Ship carrying the 100th Fighter Squadron left the convoy for reasons not recorded in the records – perhaps because of other cargo – and sailed northeast along the Italian coastline four days, docking some 150 miles from Taranto at Badolgio near Naples. Separated from the rest of the group, the 100th left the Naples area for the allied air base at the Salerno airport of Montecorvino on 3 February. The 332nd Group Headquarters Section joined them at Montecorvino five days later. They arrived at a crowded combat airfield during the onset of the rainy season, and “pitched camp in a sea of mud with as much consideration for sanitation as could be given under such circumstances” (10, p. 7). When one considers that the 250 men of each squadron had to dig unit pit latrines in pouring rain and provide for waste disposal immediately upon arrival, the implications of this statement are clear. The health of the unit and surrounding camps was at risk if they did not carry out this task properly so that the latrines would not flood and overflow.

Units of the 332nd received assignment to two airfields located about 40 miles apart—three hours by truck: Capodichino airport located a mile or so north of Naples, and Montecorvino, north of Salerno. Mount Vesuvius, dormant for centuries, loomed between the two American air bases, each crowded with warplanes of all kinds. The 302nd Fighter Squadron arrived at Montecorvino on 15 February 1944 and became operational on 17 February, then moved to Capodichino on 3 March, joined by the 332nd Group Headquarters Section on 13 April. The settling-in process ended with the 332nd Fighter Group Headquarters and the 301st Fighter Squadron at Montecorvino, and the 100th and 302nd Fighter Squadrons at Capodichino (10, p. 7).

The 332nd and its squadrons were now assigned to the 62nd Fighter Wing, commanded by Col. Yantis H. Taylor. This wing had tactical responsibility for the air defense of Naples and allied naval operations and supply routes along the western coast of Italy, as well as for Air-Sea Rescue in the area. The 62nd had established its main sector at Capodichino, with a sub-sector at Montecorvino. The air patrols and group alert systems of the wing’s 416th Night Fighter Squadron, 81st and 332nd Fighter Groups effectively defended their operational area from daylight attacks by enemy aircraft from November 1943 through May 1944: Defense in darkness was more difficult:

Naples was the target of 12 enemy air attacks in this time, all raids taking place at night. Negligible damage was inflicted on the port and vessels in the harbor and 5 enemy planes were destroyed. The major portion of the daily [air defense] effort consisted in giving navigational aid to distressed aircraft and performing air-sea rescue functions for aircrew forced down at sea. The heavy air traffic of that area made such aids a large operation, the performance of which was

enormously successful. In January of 1944, the 62nd Fighter Wing participated in the invasion of Anzio to the extent of protecting the convoy (7, p. 4).

At the beginning of the war, Army Air Forces regulations concerning flight surgeon support to fighter groups placed most aeromedical personnel at squadron level. The Table of Organization and Equipment [TO/E, pronounced “T, O and E”] for a typical fighter squadron would include one flight surgeon (usually a captain) and about eight enlisted medical technicians, a dispensary tent and one or two ambulances. Captain Maurice Johnson had supported the 99th Fighter Squadron during 1943-44 using this TO/E. Medical support to a fighter group headquarters section under this system consisted of one medical officer (possibly a major) and three or four enlisted technicians.

The 332nd Group Medical Detachment received the AAF’s new organizational plan, AR-40-210, dated 29 December 1943, early in 1944, as did Dr. Ramsey at Selfridge with the 477th back in the U.S. Marchbanks, promoted to major on 29 March 1944, remarked that the 332nd Fighter Group’s Aid Station was among the first to reorganize according to the Air Surgeon’s new TO/E for Aid Stations. Although the total number of medical personnel remained about the same, the regulation reassigned most medical resources from individual squadrons to the Group Medical Detachment. The centralized 332nd Group Aid Station now consisted of the Group Surgeon, a dental surgeon, a medical administrative officer and 22 enlisted men: medical technicians, clerks and ambulance drivers. The basic physical assets for the medics included three ward tents and one “walled tent.” Self-help and local labor soon added a simple brick structure as a small holding ward for the group. As group surgeon, Marchbanks planned and coordinated all Medical Detachment services with the aid of two enlisted men. In accordance with AR 40-210, a flight surgeon was assigned by name to each squadron for care of its fliers, each aided by an enlisted technician (10). The Group had its medical staff in place for operational duty in the combat zone:

332 nd Group Headquarters Section	Montecorvino	Capt. (soon, Maj.) Vance H. Marchbanks, Jr.
100 th Fighter Squadron	Capodichino	Capt. Harry B. Anderson.
301 st Fighter Squadron	Montecorvino	Capt Bascom C. Waugh
302 nd Fighter Squadron	Capodichino	Capt. Arnold H. Maloney, Jr.,

As the Group prepared for action as a part of the 62nd Fighter Wing at these bases near Naples, the 99th Fighter Squadron was flying with the 79th Fighter Group at Foggia, about fifty miles to the east, with Capt. Maurice Johnson still serving as its flight surgeon.

Group Aid Station policies called for a medical technician in an ambulance to be on the flight line for emergency coverage at all times. A second ambulance, manned by a flight surgeon and medic / driver, were presflyent whenever 332nd aircraft were taking off or landing. The other ambulances were kept at the Aid Station, one on standby for patient transport or flight line backup.

Marchbanks rotated the required additional duties of *Medical Officer of the Day* (MOD) and *Alert Medical Officer on the Flying Line* among his three junior flight surgeons, commenting that each of the two duties “requires only a few hours of their time.” Under his system, he and two squadron flight surgeons would provide medical care at the Group Air Station. The other flight surgeon served a full 24 hour tour as the MOD to provide necessary sick call coverage at night, when much of the aircraft maintenance and armament loading took place to prepare the planes for the next day’s missions. Having a physician immediately available near the flight line for minor ailments and injuries meant less time lost from the job for essential personnel, as well as being an element of morale enhancement. The MOD would become the “Alert Medical

Officer” the next day, relieved of clinic duties but providing flight line coverage during takeoffs and landings. He was otherwise off duty (10, p.5).

Medical care given at the Group Aid Section resembled a general medical practice including internal medicine, surgery, care of venereal diseases and neuropsychiatry. All four medical officers shared these clinical duties. “The best advantage has been in caring for the pilots, thus returning them to flying as quickly as possible, and avoiding their exposure to psycho-somatic influences that are contagious to susceptible individuals in hospitals,” and “...the Flight Surgeon – Pilot relationship has been encouraged to such an extent as to maintain the percentage of psychological cases among the pilots to a minimum” (10, p. 8). These comments reflect Marchbanks’ month of neuropsychiatric training at Walter Reed Army Hospital in 1942, training far in excess of that offered through army flight surgeon courses. His approach to the problems of flying fatigue and symptoms of anxiety reflects the emerging doctrine of experienced army psychiatrists; Drs. Roy Grinker and John Spiegel, supporting the AAF during the North African campaign, later published what they had learned in a book that would become a classic, Men Under Stress (2).³⁹

Marchbanks performed the prescribed duties of his medical command position in addition to his clinical responsibilities, giving lectures on base sanitation and general health, serving as Venereal Disease Control Officer and being a member of Accident Boards and Court-Martial Boards. In common with all AAF flight surgeons, the doctors of the 332nd lectured their new pilots about first aid and self-care, oxygen use and discipline, sanitation and problems of living under field conditions in Italy upon their arrival in the Group. Flying small fighter aircraft at high altitudes for hours presented other problems to the pilots such as recurrent middle ear blockages and infections from repeated sudden changes in cabin air pressures due to changes in altitude, chronic physical and mental fatigue from the unending combat missions, and even mundane cockpit working conditions. The cockpit heating system vented into the cabin on the right side, and Marchbanks reported that the distance from that vent to the other side of the pilot’s seat had resulted in three cases of left-foot frostbite.

Under medical supervision, all troops instituted anti-malarial control measures similar to those of North Africa: mosquito netting, elimination of standing waterholes, long-sleeved clothing and preventive medications such as quinine or Atabrine. Troops also received indoctrination on drinking water discipline because of the shortage of potable water sources, and the doctors gave briefings on the proper use of field latrines and on other matters of sanitation. Such matters may seem trivial until one considers the possibility of contagious dysentery and other intestinal diseases among thousands of troops living in tents pitched in the constant mud and rain...“maximum efforts were made to complete an adequate drainage system. The water table was so high that most of the effort was lost. The use of pit latrines, soakage pits and garbage pits were out of the question” (10, p. 7) Remember that single-seat fighter pilots cannot fly for hours at a time if they have diarrhea.

The 12th AF’s strategic mission during the first half of 1944 was to support the allied forces in the northern Mediterranean Campaign. Strategic plans to invade southern France – *Operation Torch* – would divert German troops out of northern Italy and ease

³⁹ Marchbanks was in the forefront in this matter. Air Surgeon David Grant later promulgated the principles taught by Grinker and Spiegel by way of five papers published by the Josiah M. Macy Foundation and sent to all AAF flight surgeons worldwide. These principles went on to be adapted by the U.S. military in the late 1980s (J&M).

the allied drive toward the Po Valley. *Torch* would also pull enemy soldiers and equipment away from the siege of Stalingrad on the Russian front during, and divert and divide German defenders opposing the planned allied invasion of Normandy in June 1944.

Supporting the 12th's combat mission under Davis' leadership, the three squadrons of the 332nd flew about 1200 hours per month on 750 missions. Some pilots from the 99th Fighter Squadron, stationed nearby, came for visits and lent their expertise while renewing old friendships. At some point during this period the 332nd Fighter Group acquired a five-seat, twin-engine Cessna C-78 *Bobcat* for operational support and administrative travel flights. Medical reports say little about its use, but the C-78 may have been used for medical liaison and to transport fighter pilots for specialist consultation at larger medical facilities.

Tactical air strikes against German ground forces continued as allied ground troops pushed the Germans toward the Po Valley in northern Italy. Allied naval forces prepared for the invasion of southern France, concentrating its ships and equipment in western Italian seaports. The presence of allied airpower was essential in deterring daylight attacks on Mediterranean cargo ships bringing personnel and supplies to Italy. Vessels loaded with equipment, gasoline and ammunition crowded the docks and harbors. British and American fighters patrolled harbors from Naples south to Sorrento, the Amalfi peninsula and Salerno. Allied pilots did their job well: enemy aircraft rarely attacked during daylight hours, so pilots of the 79th Fighter Wing, including the 332nd Fighter Group, had few chances to engage the Luftwaffe.

Although allies had achieved relative air superiority, German aircraft still attacked targets of opportunity, even raiding the Capodichino airfield at 0400, 19 April 1944, and again on 21, 24 and 29 April (7). These four attacks caused no casualties or significant damage to the 332nd. Marchbanks wrote wryly that their main result was to improve the quality of personal foxholes and strengthen attention to gas mask drills and other protective measures. The intermittent appearance of enemy aircraft may have been more a nuisance than a threat, but the raids proved the need for constant air patrols over the bay area.

Winter waned and spring arrived. Squadrons flew their missions, all physically wearing, many boring, some exciting and a few lethal. Allied fliers remained watchful for the greatly weakened German naval forces, still a threat. With spring came a new fighter for the group, the heavily armed P-47 *Thunderbolt*, known to its pilots as 'the Jug.' On 25 June, 332nd pilots Wendell Pruitt and Gwynn Pierson "jointly sank a German destroyer using only machine guns. This was the only such sinking during the entire war, and a most important victory for the Tuskegee Airmen" (2, p. 10). One can visualize the two P-47s, each firing eight 50-caliber machine guns that ripped through the decks and hull of the vessel. The 332nd had losses as well as victories. Pilots died from enemy action or from mishaps.

Illness also took its toll. Flight surgeons of the 332nd responded to emergencies when necessary, and continued their routine duties, familiar from stateside experiences. Marchbanks, serving on Accident Boards and Flying Evaluation Boards, could see the effects of continuous combat flying on the pilots. Flight surgeons of the 8th AF in England had demonstrated the value of rest camps in relieving the chronic fatigue of fliers by allowing them uninterrupted sleep, good food and recreation; hence the term "Rest and Recreation" or "R & R." Nine days away from duty seemed to give the most benefit in restoring "zest for flying" with one's comrades. Experience showed that any

more time off allowed a pilot to develop emotional separation from the unit, which was detrimental to its mission (3, pp. 32, 46; 4, pp. 662ff). Because segregation policies and social customs prohibited off-duty mixing of races, a “rest camp for colored fighter pilots” was opened near Naples on 7 April 1944. Pilots from the 99th Squadron and 332nd Group could go there for three days if they had been flying convoy point patrol missions, and for seven days if they had been flying strafing or bomber escort missions. “It has been a uniform observation that pilots returning from the rest camp displayed an improved zest for flying” (10). Monthly rosters scheduled groups of six to ten pilots for this camp; although brief review of these rosters seems to indicate that only three or so 332nd pilots were actually off base at any one time.

Marchbanks, a career army officer and physician, wrote his Medical History for the official record in careful prose that rarely included personal comments. In contrast, men in each squadron’s intelligence section wrote daily diaries from which the official monthly squadron reports were later compiled. In addition to combat flying operations, these lively informal descriptions describe everyday life in the tent cities and include matters concerning morale and health issues. The transition from 12th Air Force to 15th Air Force in June 1944 apparently ended the official requirement for the daily diaries. To describe the experiences of the average Tuskegee soldier during the early months overseas, this history will follow each squadron’s experiences from February through June 1944 as recorded in its diaries, and then return to the subsequent story of the whole 332nd Fighter Group.

100th Fighter Squadron

Having landed alone at Badolgio, the 100th Fighter Squadron found temporary quarters in a cold building in the port. They dined on army K rations, small packages of food designed for army troops under field conditions. K rations could be eaten cold if necessary. They provided quick energy through canned meat, biscuits and candy, but were not intended for use beyond a few days. As with all field rations before and since, troops regarded K rations with less than pleasure.

Corporal W. L. Allen, the squadron historian, was an acute observer and lively reporter of the living conditions and morale of the troops. His narrative forms an excellent adjunct to official medical reports, giving a clear picture of the challenges faced by medical personnel in maintaining the health and spirits of the Tuskegee troops (7). While the 100th’s commander, Capt. Treville and his department heads spent the day after their arrival in orientation meetings, the rest of the squadron looked for cigarettes and better food on the civilian market. Most of the men quickly developed diarrhea.

Treville received his orders on 3 February and the squadron immediately departed the port for Montecorvino. Arriving at their new base, the soldiers pitched their pup tents as well as they could in total darkness and heavy rain, ate their K rations and tried to sleep. Unable to locate the rest of the 332nd in continuing rainstorms the next day, the 100th troops re-pitched their tents in their improvised living area. Even under these miserable conditions, the maintenance troops readied the aircraft and the pilots of the 100th began their first area orientation flights on 5 February 1944. The unit history graphically records the efforts of the squadron to construct a livable tent area while becoming operationally effective: erecting the mess tent, acquiring supplies, locating the nearest Post Exchange (PX), putting stools over the straddle latrine trenches...and flying.

By the time the rest of the Group arrived from Taranto, the 100th was settled in and the PX was sold out (7, 1-9 February 1944).

Col. Y. H. Taylor, 62nd Fighter Wing commander, addressed his new squadron concerning the need to get along with the local civilians. In spite of the rainfall, drinking water was scarce, and the troops were “dying for good show or a hot bath.” Men had to obtain off-base passes to get haircuts, hot baths and to see movies. Italians sold produce such as oranges and walnuts, but prices rapidly rose. On 17 February the cooking tent burned down “due to carelessness and drinking” (7, 17 Feb 44). Crowded conditions on the few allied airfields available near Naples caused several weeks of moving about before the three squadrons of the 332nd could settle into their positions and prepare for operational flying. The 100th struck their tents and bivouacked on 20 February in preparation for a three-hour convoy from Montecorvino to Capodichino the next day. Upon arrival at their new base, the troops received mail from home—their first contact with their families since before Christmas—and “morale jumped real high.” They set up their tents “next to the 347th Fighter Squadron” at the new base. Sixteen P-39 *Airacobras* arrived on the 22 February, and the squadron began familiarization training in this new aircraft. In a somewhat unusual note, the 100th historian wrote that Capt. Allen, the flight surgeon, began having the men wash their mess kits before as well as after eating as an “extra sanitary procedure;” no further explanation is offered.

Allied troops fighting in Italy received all of their supplies by sea through ports around Naples, Salerno and the new northern beachhead at Anzio. Squadron combat patrols over the harbors and their incoming convoys intensified after the eruption of Mt. Vesuvius. Morale of the 100th rose again as Special Service recreational baseball and football equipment appeared. However, “the cooks were drunk again,” and the mess sergeant was relieved of his duties. Under new management on 28 February, “the food is swell today, and that is saying a lot.” The historian goes on to say on 29 February, “the next gripe is the lack of rubber boots.” The squadron became operational in its new aircraft by March, flying “their first missions over disputed territory” on the 2nd. On 6 March, the squadron enjoyed fresh eggs for the first time, and the medics treated a wounded dog in their dispensary tent.

Cpl. Allen’s observations of the 100th may seem minor when compared to the combat accomplishments of the whole 332nd Fighter Group, but daily life in combat consists not only of historic accomplishments, but also of small irritations and gratifications. Both ends of the emotional scale affect unit morale. Men received typhus and cholera injections, and complained of sore arms the next day. Anti-malarial Atabrine tablets were distributed as the weather warmed up and the mosquitoes returned. Weeds were cleared around ponds, and the ponds either drained or treated with fuel oil. Latrines were screened against flies and other insects. The Tuskegee flight surgeons played a major role in the troops’ morale – medical care that was disrespected and medical advice that was disregarded would have been disastrous – but the doctors and those in their care also shared the same discomforts and inconveniences. Thus, improvements in food quality, the arrival of galoshes and having footballs to throw around off duty took on a greater significance than such events in civilian life. The squadron softball team played teams from other squadrons. Cpl. Allen’s continuing references to Capt. Anderson’s biweekly lectures on venereal disease fit this pattern, as does the fact that the troops

contributed \$135 to buy prophylactic kits on one occasion, and similar amounts on others (7, 3 March 1944).

Allen felt that the morale of the squadron's 40 officers and 250 men was excellent. He reported on 19 March, "Spring is definitely here...EM [enlisted men] are playing ball between flights...food good...routine day." The next day, the squadron received new P-39 *Airacobras*. A late afternoon squadron meeting was held to discuss, among other things, that the squadron was establishing a club downtown. He ascribed this feat to:

...the conduct (good) of the men. Lt. Mosby, our adjutant, followed with a few remarks on the fine courtesy shown by the men on the base. Captain ("Well, fellows, here I am again") Anderson, the medical officer, came on with his pep talk on VD. Chaplain Perry gave a short talk on controlling our emotions. Capt. Treville, commanding officer, followed with his battle plan for VD control. The meeting ended in a general discussion of ways and means to make life more pleasant (7, 19 Mar 44).

Two days later, Allen noted, "quite a few men are having letters returned to them due to mentioning the erupting of Mt. Vesuvius." This historic volcano, located between the fighter bases, unexpectedly erupted on 22 March 1944, its first heavy activity in several centuries. The enormous eruptions, accompanied by lava flows and abundant emissions of gases and ash, lasted about four days. According to Marchbanks, the ash, mixed at times with rain, made life in the tent city even more difficult than usual. In addition to adverse effects on aircraft engines, "it also causes eye injuries from the cinders, and everyone wore glasses." However, he also commented, "the ash filled in many potholes, killed the larvae of the local *Anopheles* mosquitoes, and soaked up some of the mud" (10, p.8).

The 100th flew 59 and 79 missions during April and May, respectively requiring 789 and 913 individual sorties. Occasional German air raids on allied air bases continued through April and May, doing no damage but encouraging "a lot of digging." The squadron experienced several losses through crashes, but none from enemy action. By the end of May, five pilots had died including Capt. Treville, the commander. As a measure of allied air superiority, Cpl. Allen noted that the enemy had not been able to attack the supply ships landing at Anzio (7, April-May 1944).

New P-47s arrived for the 100th early in May as part of its transfer into Fifteenth Air Force. Diary notes described the widening radius of its combat missions as squadron pilots began to fly as bomber escorts to Hungary, Rumania and other southern European targets. With the transfer, daily reports became brief and official in tone, rather than describing life in the tent area. On 4 June the squadron prepared for its move to Ramitelli, a base near the eastern coast of Italy, sending an advanced element of headquarters, operations, engineering and intelligence personnel. The remaining troops of the 100th moved into the 302nd's area, where they enjoyed a good mess hall and food, the ability to swim on the beaches, and other amenities (7, May-Jun 44).

The informative accounts written by Cpl. W. L. Allen, 100th Fighter Squadron Historian, end with the unit's transfer into the 306th Fighter Wing of the 15th Air Force. Presumably this had different administrative requirements, and the daily diary ends with the entry of 30 June 1944.

301st Fighter Squadron

The 301st was under the medical care of flight surgeon 1/Lt Bascom S. Waugh and his enlisted corpsmen. Waugh had joined the unit on reassignment from Tuskegee to Oscoda in May 1943. Squadron commander Capt. Charles H. DeBow led the unit onto the troop train for the trip from Michigan to Camp Patrick Henry, Virginia in December 1943. Boarding its Liberty Ship, the *SS Clark Mills*, on 3 January 1944, the squadron's 44 officers and 258 enlisted men disembarked in Taranto, Italy on 29 January (8).

The fighter squadron "marched five miles in full packs to their staging area." First Lt. Samuel C. Scott, the unit historian, wrote that Capt. DeBow was confined to the hospital soon after arrival; records do not disclose his diagnosis. The 301st departed Taranto for Montecorvino on 7 February under the temporary command of 1/Lt. Lee Rayford. The squadron diary reports continuing bad weather during this period, with mud a constant companion. Some of the fliers visited the 99th at Capodichino to renew old friendships and to acquire more knowledge of their new flying environment. Pilots of the 301st flew their first operational missions in their P-39s a week later, providing convoy protection off the Bay of Naples. Capt. DeBow returned to duty on 20 February, and Lt. Rayford resumed his duties as Operations Officer (8).

Three days later the squadron sustained its first losses when a flight of four aircraft were caught in bad weather. One pilot was lost at sea and another bailed out and was rescued by a motor launch. Briefly hospitalized for shock and exposure, he soon returned to flying duties. Meanwhile, the 301st received its first mail on 25 February, and "all cares and worries were forgotten for a while". The historian also reported that:

...our Weather Officer was wounded by an accidentally discharged pistol, as usual, an unloaded one. Lt. Byrd is now confined to the hospital, but he will recover. Meanwhile, we have no weather in our squadron (8, p. 21).

By the end of February the squadron had flown 160 hours, including some 70 hours on eight operational missions. Capt. DeBow moved from the 301st to the 332nd Group Headquarters, and Lt. Lee Rayford assumed command. The 301st pilots continued their convoy patrols and their in-theater training missions. The following month the war extended from the air to the ground when enemy aircraft appeared over Montecorvino:

Anti-aircraft fire blasted the peaceful stillness of the night for about fifteen minutes. They told us about it the next morning. We were asleep. Either the squadron was very brave or very tired. In the afternoon of the next day (16 May 1944) the squadron had its first scramble. Lts. Wiggins and Gomer attempted to intercept a reconnaissance plane that was seen flying around over our heads. Interception was not made. The enemy retired in good order. Lts. Wiggins and Gomer [were] highly disappointed (8, pp 2, 22).

A few days later the informal daily diary, written by 2/Lt. Morris M. Hatchett, reported:

22 March: Now the squadron has seen it all. Today it is raining volcanic ash. Vesuvius is erupting and doing a truly noble job of it. The squadron is awaiting orders to "Put that volcano out!"

23-27 March: Vesuvius is still holding the center of the stage. Ash is about four inches deep. All flying has been suspended. There is much discussion about how long Vesuvius can hold out at the present rate. Long-forgotten science is being recalled. Earthquake and tidal wave possibilities are being discussed (8, War Diary, p. 2).

Operations quickly returned to normal once the volcano subsided. The diary entry on 29 March read, in its entirety:

Routine duties. "Reveille," squadron mongrel, met with an accident. Presented himself on sick call. Capt. Waugh, squadron flight surgeon, reports the patient [is] as comfortable as possible (8, War Diary, p. 2).

Other entries record the establishment of "highly competitive" volleyball and football leagues at the base, as well as a Post Exchange Day – "A grand sale. A Supermarket for all personnel." and "another payday to boost squadron morale." Most accounts of the epic overseas service of the Tuskegee Airmen reflect their aerial achievements, but one must not forget the continuing everyday loneliness and miserable camp conditions under which every squadron member lived. Such circumstances magnify small pleasures—a pet, a game, a trip to the PX, payday—all components of the morale that can make or break a combat unit.

Squadron histories record that flight surgeons Anderson of the 100th and Waugh of the 301st took care of dogs in their medical tent. One may understand that a stray cat or dog could easily find a home in a squadron campsite, but one should also think of the danger from endemic rabies in such strays. Flight surgeons had to be alert to this threat and to educate the troops against their humanitarian impulses, since anti-rabies prophylactic treatment for an animal bite could extend over two weeks and make the soldier incapable of performing duty. Sports injuries from overly aggressive play could likewise disable a pilot or mechanic, so team sports required referees to enforce rules. Alcohol abuse on payday needs no explanation.

Each of these activities had an inherent medical aspect. Flight surgeons living with the squadron would experience the physical and emotional conditions affecting the troops, an awareness that they could interpret professionally to the commander in terms of unit safety and effectiveness. Further, the troops had the assurance that an understanding "family doctor" was always available for counsel or for care. In the uncertain and dangerous combat environment, the availability of an understanding and caring medical figure had great value in maintaining the fighting spirit of military units, including the Tuskegee Airmen.

302nd Fighter Squadron

Along with the rest of the 332nd Fighter Group, the 40 officers and 250 enlisted men of the 302nd departed Selfridge on 22 December 1944 under the command of 1/Lt. Edward C. Gleed. After a short stay at Camp Patrick Henry, the squadron boarded its Liberty Ship, the *SS T.B. Robins*, on 3 January 1944 for its overseas deployment. The unit historian, 1/Lt. John R. Beverly, Jr., wrote, "The time on board ship was very pleasantly spent. There was some sort of lecture or entertainment almost every night." These programs, presented by the Special Services and the chaplains, "met all the recreational and spiritual needs of the men," and contributed to their moral during a voyage that Beverly described as "uneventful." Arriving at Taranto, Italy on 29 January, the squadron bivouacked in the port area for a week and then departed for the base at Montecorvino on 7 February (9).

The daily diary of the 302nd lacks the detailed descriptions of the other squadrons, noting similar flying missions of harbor patrol, convoy escort, air-sea rescue coverage,

scrambles for enemy aircraft and escort for bombing raids. Each day one or two troops were referred for hospitalization, and each day one or two returned to duty. As the weather warmed up, mosquito control became a major additional duty, and several squadron members went to a local "Malaria Control Training Course." The only other specific medical news was that on 14 May 1944, Capt. Arnold Maloney, the squadron flight surgeon, won a contest to name the Group's newspaper with his entry, "The Spin-Ups" (9)

332nd Fighter Group with Fifteenth Air Force in eastern Italy

The Fifteenth Air Force completed its relocation and reorganization on the eastern side of the Apennine Mountains, with its bases extending from the heel of the Italian Peninsula first to the Madna-Ramielli area where the 332nd was based, and later to Ancona. The Fifteenth Air Force and the Fifteenth Air Force Service Command, which furnished ground support, consisted of the following units after July 1944:

- 5th Bomb Wing (stationed at Foggia): 2nd, 97th, 99th, 301st, 463rd and 483rd Bomb Groups; 324th Service Group
- 47th Bomb Wing (Manduria): 90th, 346th, 449th and 450th Bomb Groups
- 62nd Service Group; 49th Bomb Wing (Cerignola): 451st, 461st and 484th Bomb Wings; 37th Service Group
- 55th Bomb Wing (Spinazzola): 460th, 464th, 465th and 485th Bomb Groups, and 43rd Service Group; 304th Bomb Wing (Cerignola): 454th, 455th 456th and 459th Bomb Groups, and 43rd Bomb Group
- 306th Fighter Wing (San Severo): 1st, 14th, 31st, 52nd, 82nd, 325th and 332nd Fighter Group and 38th Service Group, plus the 96th Service Group, which served with the 332nd Fighter Group

Five medical dispensaries were attached to the Fifteenth Air Force, plus other small miscellaneous organizations. The only General Hospital available was located with 15th AF headquarters in Bari. Standard evacuation procedures allowed patients to be held at their local base dispensaries for no more than 30 days before transfer to this larger facility (15th Air Force History, 1944, p. 84.)

In May 1944, the Mediterranean Air Forces command organized a new Air Force, the 15th, to assume responsibility for fighter escort for allied bombers during the army campaign against the Germans in the mid-Italian Peninsula, and also for strategic bombing raids into the enemy heartland. As a part of this force realignment, the 332nd Fighter Group transferred from 12th Air Force to 15th Air Force, in which their new parent unit would be Col. Y. H. Taylor's 306th Fighter Wing. With little regret, the Tuskegee fliers and their support troops convoyed from the western Italian vicinity of "old Vesuvius" to Ramitelli Air Base on the eastern coast. In contrast to the mud, cold and volcanic action of Capodichino and Montecorvino, the new base featured "hot sun, dust, and parched earth." Upon completion of the move, 15th AF replaced the Group's aging P-39s with new Republic *Thunderbolts*. The P-39s with their nose-mounted cannons were excellent against ground or sea targets, but were no match for enemy aircraft in dogfights. The 332nd could say "goodbye to harbor patrol, goodbye to convoy patrol and welcome, *Thunderbolts*" (10, July-Aug 1944). During this period, Marchbanks spent three days visiting the 15th Air Force Headquarters on the west coast in Bari, Italy for medical introductions to his new assignment and its medical organization and resources. While

there, he was appointed to the Malaria Board of Control. Two unnamed 15th Air Force medical officers later made a follow-up visit to the 332nd Medical Department.

By 29 May 1944, group headquarters and the 301st and 302nd squadrons had arrived at Ramitelli, followed by the 100th Fighter Squadron on 11 June. The 15th AF began to replace the 332nd's P-47s with the highly regarded P-51 *Mustangs*, which began to arrive on 5 July. The Mustangs quickly received the distinctive "Red Tail" paint of the 332nd Fighter Group, which allowed easy identification during mission formations.

During June, the 99th Fighter Squadron was reassigned from its duty with the 324th Fighter Group, which would remain in 12th Air Force. The 99th's support troops moved from a brief stay at Orbetello, Italy, to an overnight truck stop in Caserta. They joined the 332nd at Ramatelli, their fifth move in three months. The pilots, of course, flew from one base to another. The support personnel had to move by truck convoy, sometimes camping overnight, and had to set up all necessary facilities before the aircraft could be received and made ready for combat. These procedures included medical planning for base location, water supply, drainage, placement of tents, preparation of adequate food service facilities, and other matters of military maneuvering (6).

The ground troops' mobility via truck convoy offers a clear indication of the flexibility and portability required of a World War II fighter squadron in a combat theater. As had been true during all previous moves of the 99th in North Africa, Sicily and Italy, no untoward episodes of food or water contamination, epidemic disease or serious injuries occurred within the 332nd Fighter Group and its squadrons, a tribute to line and medical planning and leadership. With four fighter squadrons under his command instead of the customary three, Davis now led the largest fighter group in the theater.

July 1944: The 99th and the 332nd unite at Ramitelli

Once settled at Ramitelli with its four squadrons, the 332nd became the largest fighter group in Fifteenth Air Force. The group prepared for its new primary mission, defending 15th AF heavy bombers—B-17 *Flying Fortresses* and B-24 *Liberators*—against enemy fighter attacks. Transition to their hot new P-51s was unfortunately marred by the deaths of two experienced pilots in the first week of training flights. Combat flying began a week later, and long-range bomber escort missions brought the Tuskegee fliers into continuing contact with German air defenders. The ensuing victories of 332nd pilots over enemy aircraft raised the morale of everyone on the base. "The Group because of its unique setup [*sic*] attracted international attention and pilots wanted to prove they could make the grade" (10, p. 2).

Shortly after the 332nd arrived at Ramitelli Captain William K. Allen replaced Captain Maurice Johnson as the flight surgeon of the 99th Fighter Squadron. First Lieutenant Eugene A. Sill, MAC was welcomed as a new group medical administrative officer. Enlisted medical technicians arrived, some with "little training," and so the staff set up refresher courses at the Group Aid Station and the nearby 61st Station Hospital. Lessons included instruction in laboratory procedures, immunizations, use of blood plasma, emergency first aid, and treatment of gunshot wounds, burns, and simple and compound fractures on the flight line. Men with severe injuries were stabilized for evacuation to the Station Hospital, while simple cases and routine sick call were handled locally. As always, flight surgeons provided "routine care of fliers and their psychological problems" (10, p. 3ff).

Marchbanks consolidated Group medical care into a central clinic at Ramitelli. This system of command and control “affords direct supervision over all medical department activities within the group. All ambulances were dispatched from a central Group Motor Pool. The quality of his Group Medical Reports won him a letter of commendation from the Air Surgeon in Washington”(10, p. 5). Marchbanks comments that a second MAC officer, 1/Lt. Clarke L. Smith, relieved him of many administrative duties, leaving more time for medical duties. However, the line commanders also regarded Lt. Smith as an asset that they could use for additional duties outside the Medical Section. Marchbanks felt that line demands diminished the effectiveness of the MAC in his primary role by “assigning him too many outside additional duties...It is felt that the presence of the entire medical setup is not appreciated by the entire command” (10, p.1).

Squadron flight surgeons continued to provide flight line sick call and emergency medical coverage in addition to their routine clinical and preventive medical support to all group personnel. Medical ambulance teams and flight surgeons stood by whenever their squadrons were flying, and also could be called out for emergency landings of other aircraft. Such emergency coverage extended not only to 15th Air Force bombers, fighters and transports; an occasional bomber or fighter escort from England would land in Italy if it were unable to return to its own base because of combat damage or enemy action. Marchbanks reported that these fortunately never involved serious wounds or other medical emergencies, but the possibility was ever-present. Some danger was always present, however, and on 24 April 1944 S/Sgt Alvin H. Kent of the Headquarters Squadron received a Purple Heart for wounds incurred during an enemy air attack. Capt. Lee Rayford of the 301st also received this award for a leg injury caused by enemy flak on 7 June, the first pilot to be wounded on a combat mission (10, p. 8).

By 19 Aug 1944, the Group Headquarters medical staff had been reorganized with Major Marchbanks as its surgeon, aided by a dental officer, a medical administrative officer and 17 enlisted clerks, drivers and medical technicians. Each of the four squadrons now had a flight surgeon and three enlisted men. Physicians of the 332nd performed 4309 semi-monthly examinations for the troops, examined 364 food handlers and performed 15 flight physical examinations. The doctors medically limited 109 troops to their quarters for a total of 147 man-days (a patient could stay “on quarters” for no more than seven days), and admitted 179 to nearby hospitals. Many hospital admissions were for treatment of venereal diseases, which required mandatory in-patient care. Patients requiring care beyond local capabilities were evacuated by ambulance to the 4th Field Hospital a mile away, or to the 61st Station Hospital 30 miles away.

Between June and October 1944, flight surgeons of the 332nd transferred seven pilots back to the US for medical reasons: two for chronic middle ear inflammation and infection, and one each for arthritis of the neck (possibly exacerbated by the constant 360° scan of the sky required of fighter pilots), spinal arthritis, third degree burns to the hands, high blood pressure, chronic asthma, chronic gastritis. The pilots with ear problems related to a constant threat to all aircrew flying in unpressurized aircraft, and especially fighter pilots. Climbing and diving in air combat tactics sometimes involved rapid and multiple altitude pressure changes of ten to fifteen thousand feet. Pressure changes of this magnitude could rupture eardrums if not properly compensated by “clearing the ears.” (Modern airline passengers, in contrast, generally experience only gradual pressure changes of eight thousand feet or less.) Three pilots were grounded at the time of the October 1944 report, awaiting radium treatment to shrink the chronically

inflamed tissues of their middle ear canals. The Aid Station saw 1090 outpatients and gave 1579 treatments during the reporting period (10, Jun-Oct 44).

The Group Medical Department supervised construction of a minimum care ward before the fall rains began. This brick facility, 90 by 20 feet in size, could accommodate up to ten patients who were unable to care for themselves in their tents. The ward had an average daily occupancy rate of six men. As flight surgeons around the world had learned, restricting mildly ill or injured patients (e.g., with a bad cold or a sprained ankle) to quarters might require other troops to bring them meals or to assist them to latrines, thus diverting healthy soldiers from their primary duties, exposing them to contagious illnesses and interfering with their rest. Transferring men with simple problems to off-base medical facilities gave them a high travel priority as in-patients, but when these same men were discharged from the hospital their low returning-to-duty priority sometimes kept them waiting for days for transportation back to their units. Caring for ill or injured Air Forces troops on their own base and under local medical care diminished time lost from duty (3, p. 36; 4, p. 731). A small Group Aid Station ward could treat or stabilize emergency or serious medical cases, and provide bed care for upper respiratory infections (URIs), venereal diseases, minor injuries and other simple medical conditions.

Marchbanks wrote that in addition to his medical duties, he had to contend with such problems as breakdowns in his medical refrigerator and the Aid Station electrical generator. Interruptions in power or refrigeration could result in loss of essential medications, the ability to take x-rays, and electrical lighting for nighttime care of patients.

The presence of an African American fighter group and service group in the Mediterranean Theater attracted high-level attention. September 1944 was marked by visits to the 332nd by Lt. Gen. Ira C. Eaker, now Commander-in-Chief of all Mediterranean Army Air Forces, Maj. Gen. Nathan F. Twining, Commanding General, 15th Air Force, and Brig. Gen. Dean C. Strother, provisional Commanding General of 15th Fighter Command. Medical visitors from the Air Surgeon's Office included Col. Paul Holbrook, Director of Professional Services (4, p. 93), Col. Otis O. Benson, Jr. 15th AF Surgeon, and Cols. Lyons and Summers, whose positions were not identified (10, Jul-Sep 1944).

Col. Davis returned to the U.S. on 3 November 1944 for a well-deserved six weeks leave. Maj. George S. Roberts assumed command of the 332nd until Davis returned on 24 December (10, Jan-Jun 1945, p. 2).

In February 1945, orders attached Capt. Arnold H. Maloney, Jr., MC to duty with the 301st and the 302nd Fighter Squadron was inactivated. Records note that the former 301st flight surgeon, Capt. Waugh, was in a General Hospital, but do not specify whether he was on its staff or admitted as a patient. In either case, no mention is made of any epidemics or serious outbreaks of any kind in the squadron as a whole. (10, Jan-Jun 1945, p. 2).

March 24, 1945 was a historic day for the Group. On their first mission to Berlin, fifty-nine of the "Red Tail" P-51s met about 30 German ME-262 jet fighters and rocket-powered ME-163s. The Tuskegee pilots shot down two 262s and one 163, with three other 262s possibly destroyed. None of the B-17s under escort were lost during this five-minute engagement.

May 1945: Germany surrenders, Japan awaits

Allied forces accepted the unconditional surrender of all German military forces on 8 May 1945. The 332nd Fighter Group moved from Ramatelli Air Base to Cattolica Air Base just south of Rimini, Italy on 19 May 1945. Prior to a move to the new location, Marchbanks accompanied a surveying party to the proposed camp. He performed a sanitary analysis of the location, sited the latrines and prepared for construction of showers, keeping in mind the old military principle that water creates mud. He planned and maintained mosquito drainage control while the engineers prepared the new base for the Group's arrival. After the move to Cattolica, a similar quarters facility was used on base, or patients were evacuated to the 60th Station Hospital, which Marchbanks noted to be at "a much greater distance" from his location than the distance from the Group's previous airfield at Ramitelli to the 61st Station Hospital.

After the war against Germany ended, the 332nd was attached to the 309th Bombardment Group (Heavy) while awaiting deactivation and transport back to the U.S. Capt. William K. Allen became the Group Surgeon. Col. Davis, Maj. Marchbanks and a cadre from the 332nd Fighter Group left Italy on 12 June 1945. The 332nd Fighter Group and its 100th and 301st Fighter Squadrons inactivated on orders, along with the 228th and 229th Medical Dispensaries, Aviation. The units moved from their airfield in Cattolica to Foggia in preparation for their return to the U.S. in July. The war in Europe was over, and the nation was preparing for the invasion of Japan.

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CHAPTER SEVEN

TUSKEGEE AIRMEN AFTER THE WAR

9 May 1945 - 2 September 1945: V-E Day, V-J Day and demobilization—The Cold War, a separate Air Force and desegregation—The 332nd comes home—Aeromedical support to postwar 332nd personnel—1 July 1949: The USAF Medical Corps begins as the 332nd disbands—Concluding thoughts.

“...Truman thought it long overdue for Negroes to get a fair deal. He ordered integration in the armed services, and though the generals and especially the admirals fought like tigers against it, he made them swallow it.” ...David Niles

9 May 1945 - 2 September 1945: V-E Day, V-J Day and demobilization

Franklin Delano Roosevelt died on 12 April 1945 at his Little White House in Warm Springs, Georgia following a cerebral hemorrhage, and Vice President Harry S. Truman assumed the office of President of the United States. The war against Germany moved forward to Allied victory in Europe on 9 May—V-E Day. Germany's unconditional surrender meant that the U.S. could turn its full military might toward Japan.

Bloody sea, air and land battles in the Pacific during early 1945 had clearly demonstrated that invading Japan would be costly beyond anything the Americans had undertaken in the war. The invasions of Iwo Jima in February and March had killed about 28,000 Americans and Japanese. The battle for Okinawa from April through June killed about 72,000 military and 150,000 civilians (2, pp. 80, 122). Warfare on the ground in Japan would be equally lethal to combatants and to Japanese civilians. By the summer of 1945 a year of conventional B-29 bombing raids on the cities of Japan had killed some 150,000 Japanese. In comparison, about 500,000 German civilians had been killed in five to six years of U.S. and British bombings. Military officials estimated that an invasion of the Japanese homeland would cost over a million American lives, with an equal or greater number of Japanese military and civilian lives lost as well (5, pp. 974-6).

Members of the 332nd Fighter Group in Italy joined the flow of troops and equipment returning to the U.S. during the summer of 1945. Families across the country welcomed these veterans in brief, bittersweet reunions as the nation geared up for the coming assault on Japan. The U.S. continued logistic preparations for the invasion of Japan—Operation Downfall. The first phase, Operation Olympic, would land on the southern island of Kyoshu in November 1945. The second phase, Operation Coronet, would involve the invasion of Honshu and Tokyo in March 1946.

Three events ended the need for invasion of the Japanese homeland:

- 6 August 1945—a B-29 bomber from Okinawa dropped an atomic bomb on Hiroshima.
- 8 August—Russia declared war on Japan.
- 9 August—a B-29 dropped an atomic bomb on Nagasaki (6).

Within the next week Soviet troops crossed the eastern borders of Russia, rolling easily through the Japanese troops defending Korea and Manchuria. The Soviets advanced well into northern Korea and captured all of Manchuria as well as the Kurile

Islands between Manchuria and Japan. As peace negotiations began between Allied powers and the Japanese, B-29s carrying conventional explosive and incendiary bombs continued their attack upon Japan, now poorly defended against the aerial assault. By the end of August Japanese casualties from air attacks exceeded 300,000 dead, 412,000 injured, and 9.2 million homeless. Of Japan's 206 largest cities, 44 were almost completely destroyed, and 37 – including Tokyo – had lost a third of their built-up areas (2, 6).

The Japanese government had lost its overseas empire and all its troops except those remaining on its homeland. The nation faced annihilation from air attacks that were now essentially unopposed. With invasion pending and unaware that the U.S. had no more operational nuclear weapons, the Japanese agreed to an unconditional surrender – except that Emperor Hirohito would be allowed to remain upon his ceremonial throne. As news of the surrender spread around the world, Chinese Nationalist troops entered Nanking and Shanghai, British troops reclaimed Hong Kong, and American airborne troops landed upon Japanese airfields without resistance.

World War II had begun on 1 September 1939 with the German invasion of Poland. The Japanese attack on Pearl Harbor on 7 December 1941 brought the U.S. into the war. The allied nations achieved V-E Day on 9 May 1945. V-J Day on 2 September 1945 marked the end of six years of worldwide conflict. Victorious after four years of war, the American Army, Navy, Marine and Air Forces began to 'bring the boys home,' the demobilization of the world's most powerful military organization.

The U.S. drastically reduced its forces of active duty soldiers, sailors and airmen from the autumn of 1945 on to mid-1946. General Henry Arnold retired as Air Forces Chief of Staff in February 1946, replaced by General Carl Spaatz. The Air Surgeon, Major General David N.W. Grant retired two months later, ending a 30-year career. Major General Malcolm Grow replaced him as the chief flight surgeon in the Army Air Forces. Demobilization included a proportionate return of military physicians to civilian life. All African American flight surgeons left the service except for Drs. Vance H. Marchbanks, Jr. and Bryce C. Anthony, who remained with Col. Benjamin O. Davis, Jr. and the 332nd Fighter Group (5, pp. 964-6, 971-6; 6, pp. 324-46; 11).

The Cold War, a separate Air Force and desegregation

As the postwar months passed, euphoria about victory and peace began to give way to an emerging recognition of international communist hostility and expansion. Russia gripped its occupied territories, establishing totalitarian communist governments in each country behind "The Iron Curtain" recognized by Winston Churchill in March 1946. This perimeter stretched from the Baltic States south through East Germany and the Balkans, then eastward across the Soviet Union of Asian nations to Manchuria. Japanese occupation had smothered a twenty-year battle between Chinese communist rebels under Mao Tse-tung and the Nationalist government of Generalissimo Chiang Kai-shek, but that conflict now flared into open civil war. When the victorious communists drove the nationalists onto Taiwan in 1949, mainland China entered a cautious alliance with the Soviet Union against the Western powers. Korea, partially occupied by Russian troops at the end of World War II, remained arbitrarily divided between communist and nationalist governments at the 38th Parallel (4).

Overseas missions of the U.S. military changed considerably in response to postwar international tensions. American forces occupying Japan, Germany and Italy reorganized to establish permanent posts around the Soviet perimeter, and U.S. bases were established in friendly nations as well. Covert and overt friction between the communist nations and the free world increased during 1945-47 into the “Cold War” that would involve the U.S. military for more than forty years.

As part of the American response to this new situation, the National Security Act of 1947 replaced the former War Department with a Department of Defense (DoD). The Departments of the Army and Navy continued as before, but the Army Air Forces reorganized into a new, autonomous Department of the Air Force. Most Army Air Fields became Air Force Bases as the United States Air Force (USAF, or “the Air Force”) undertook to organize and manage its own systems of logistical support during 1947 and 1948 (4).

Of particular importance to the subject of this history, the emerging USAF support system did not develop a separate Medical Department and hospital system until 1949. During this two-year interval, Air Force aircrew and ground personnel received medical care only from Army flight surgeons, physicians, nurses, dental officers and technicians assigned to Air Force bases. Dependent family members living in the United States could receive care from military sources only on a space-available basis. Dependents accompanying active duty members overseas received medical care from Army or Navy sources.

Segregation continued as the law of the land in military and civilian communities alike. President Truman, long a foe of racial inequality, continued his efforts to secure civil rights for all Americans:

Dave Niles, who handled minority and religious matters for the White House, said, “Roosevelt did not believe in getting out too far in front of the people. He had far greater patience than Truman and planned long-range educational programs to win popular support before he acted. When Truman saw a problem, he wanted it settled on the spot. For instance, after the war Truman thought it long overdue for Negroes to get a fair deal. He ordered integration in the armed services, and though the generals and especially the admirals fought like tigers against it, he made them swallow it” (8, p. 303).

President Truman sent a ten-point list of recommendations based on a report from his Committee on Civil Rights to Congress on 2 February 1948 that included—as one of its less stringent items—strengthening existing civil rights laws. Southern Democrats expressed outrage at his proposals, and Congress refused to introduce the necessary legislation. The failure of congressional action limited his administrative powers. However, Truman issued an Executive Order that provided for a progressive removal of the barriers of institutional segregation in the services from that point—1948—through 30 June 1954. “The order met with considerable resistance in the services, and was only slowly implemented” (1, p. 334).

Truman’s mandate called for equal treatment and opportunities for advancement for all members of the armed services. All formal segregation of and within units would cease, and all American servicemen would be judged by the same standards of performance and accomplishment. Pursuant to the new policy, segregated units, including those of the Tuskegee Airmen, would disband by 30 June 1949. Their members would receive their subsequent assignments on the same basis as all other

officers and enlisted troops. Having fought to achieve the first “V,” victory in combat, African American servicemen moved to fulfill their identity as equal citizens with unconstrained participation in the nation’s military forces, the second “V.” From this review of national events during 1945-1949, we turn now to the experiences of the Tuskegee flight surgeons in those years.

The 332nd comes home

Col. Benjamin O. Davis, Jr. sailed from Italy for the United States on 12 June 1945, accompanied by many veteran pilots and most of the Headquarters Staff of the 332nd Fighter Group. Among them was his friend and group surgeon, Major Vance H. Marchbanks, Jr., who returned to his wife Lois and their two daughters at their apartment in Tuskegee for a month’s leave. Then the Marchbanks family traveled to Godman Army Air Field, the small, segregated facility adjacent to Fort Knox, Kentucky. Whereas white families living at Fort Knox had adequate housing available, the African American wives and children lived in army barracks with common latrines and lavatories. Although they were allowed to shop at the Fort Knox Post Exchange and Commissary, the wives could not prepare meals for their families: the barracks had no cooking facilities. Instead, mothers had to dress their children and walk with them to the mess hall for breakfast, lunch and supper.⁴⁰

The reader must remember that all this took place under the shadow of expectation that the men would soon be leaving to take part in the invasion of Japan. Col. Davis presented orders directing him to replace Col. Robert Selway as commander of the 477th Bombardment Group (Medium). His staff replaced their white counterparts within the unit. As senior officer present, Davis now commanded Godman Field and all its facilities. Maj. William A. Campbell, a veteran fighter squadron commander from the days in Italy, led the flying group and also commanded one of the fighter squadrons for several months (11).

Morale of the 477th improved during the summer of 1945. Its squadrons reached full strength with the arrival of additional experienced Tuskegee fliers from Italy and South Carolina. Finally united under respected and seasoned African American commanders at all levels of command and support, the 332nd Fighter Group and the 477th Bomber Group (Medium) actively prepared for deployment to combat in the Pacific.

V-J Day ended the need for those preparations, and demobilization soon reduced the ranks of the 332nd and 477th. African American fighter pilots and support troops who did not leave the service or receive interim assignments to Tuskegee upon their return from overseas late in 1945 continued to join the bomber squadrons of the 477th at Godman. Reduced organizational missions and erratic manning of both units shuffled them into several configurations, including deactivation of the 477th and formation of a new 332nd Composite Group with squadrons of B-25 bombers and new P-47N fighters (11, 12).

The spring and summer of 1946 were marked by continued changes in missions, personnel and equipment. The Army Air Forces demobilized the aging B-25s, instructing the group to requalify its bomber pilots and copilots into fighter aircraft. The Composite Group was “.... so young that very few policies were made.” Davis and his staff focused

⁴⁰ Interviews with Mrs. Lois Gilkey Marchbanks and Ms. Roslyn Marchbanks-Robinson, April 2005.

upon the problems involved in transferring pilots from twin-engine B-25 bombers to single-engine AT-6 trainers for transition into F-47 (formerly P-47) single-seat fighters. B-25 pilots with previous fighter experience received upgrade training in one squadron while those who had flown only in the B-25s after graduation from training at Tuskegee were assigned to another (11, 12).

Losing the B-25s had wider implications than simply cross-training bomber pilots into fighter aircraft. African American navigators, radio operators and enlisted crewmembers could not be assigned to other army airfields as fliers, since pre-war military policies of racial segregation still in effect did not allow integrated aircrews. Many African American crewmembers left the service at this point. Those who chose to remain on active duty had to retrain into non-flying career fields. Aircrew members no longer could take pilot training courses at Tuskegee's rapidly demobilizing airfields, which closed completely by October 1946. All other training bases took only white students.

With Tuskegee closed, the numbers of officers and enlisted troops arriving at Godman Field began to exceed its limited facilities; the larger accommodations and post facilities of Fort Knox remained generally off-limits to African American service members. In October 1945, disgusted by the living conditions at Godman, Mrs. Marchbanks took their daughters back to the apartment in Tuskegee that had been their home while the 332nd was in Italy. Other families made similar decisions. A few months later, the Army transferred Col. Davis and his command to Lockbourne Army Air Field, a former bomber crew training facility. This decision reduced the flying congestion in the Fort Knox area, as well as providing a somewhat remote—and segregated—facility large enough for the entire flying unit, its support facilities and its family members. The Marchbanks family, however, remained in Tuskegee until October 1946 when they rejoined Maj. Marchbanks at Lockbourne, now reasonably restored as an army post suitable for family members.

Lockbourne AAF was constructed in 1942 on rural farmland about ten miles south of Columbus, Ohio. The Lockbourne runways now comprise Rickenbacker International Airport, and metropolitan suburbs have replaced the farms. Lockbourne first served as a training base for glider pilots, then as an advanced base to transition new AAF pilots into B-17 combat pilots (9). V-J Day ended this mission. The departure of the bombers and most of their support troops left a large, almost empty airfield with logistical and base support facilities—including barracks, family housing and a hospital—that could easily accommodate the Tuskegee aircraft and personnel.

The Army Air Forces placed the 332nd within the newly organized Tactical Air Command's Ninth Air Force, upgrading the group into the 332nd Tactical Fighter Wing. Records for the 332nd, which were scanty and incomplete during 1946 and early 1947, became more complete after the post, its aircraft and its personnel transferred from the Army Air Forces into the U.S. Air Force in 1947: Lockbourne Field became Lockbourne Air Force Base. Within a few months the USAF gave the wing its final flying configuration: the 99th, 100th and 301st Tactical Fighter Squadrons, equipped with F-47N fighter aircraft (11).

Air Force organizational policies placed the senior flying unit commander in charge of the base to which that unit was assigned. As wing commander of the 332nd, Col. Davis was also in command of the base and all its personnel. Under the continuing military policy that no white person could serve under the command of a black person,

Lockbourne became a totally African American military base. Official records show a few oblique references to the difficulties in adapting the former Army units to Air Force Tables of Organization, but none of those derived from racial factors. As an example of the administrative challenges of the transitional period, the unit report for Jan- Mar 1948 mentions the 332nd as having to establish itself in the 'Peace and Strength' Table of Organizations with other groups in a fighter wing structure.

Col. Davis continued to exercise the leadership that had distinguished his combat tours in North Africa and Italy. The 332nd included some 100 officers and 350 enlisted men after its transfer to the Air Force. Each of the group's three squadrons had 25 F-47Ns, and group headquarters received a C-47 transport for administrative flights. Fighter aircraft flew 1000-1500 hours a month (350 hours per squadron) depending on weather and aircraft availability. Some 50-79% of the fighters were available for flight at any given time, a commendable in-service maintenance rate. As an Air Force Base, Lockbourne met or exceeded all USAF standards on official inspections and reviews in 1947 and 1948 (11).

Aeromedical support to postwar 332nd personnel

Official 332nd historical records from Godman and Lockbourne for the interval 1945-1947 provide little aeromedical data. An uncharacteristically brief Medical Section in the Group history dated 15 September 1945 – 15 February 1946 is cited in its entirety:

The Medical Section of the 477th Composite Group (Medium Bomber – Single-Engine Fighter) was set up under a new system after demobilization began. This was due to lack of personnel. The Group Flight Surgeon, Major Vance H. Marchbanks, is also the Base Medical Officer. He so directed his section that all medical activities could be handled under a localized station.

In December 1945 the 477th Composite Group had two (2) members in the Medical Section due to separations. In January 1946 five (5) Enlisted Men who reenlisted were assigned to the Group Medical Section. They were S/Sgt Roscoe Marshall, Sgt. Maurice Hubbard, Cpl. Lowell P. Allen, Pfc Odell Lucas and Pfc. Richard Carroll. Three men were picked for their previous medical experience and are now undergoing on-the-job training (10).

Records from Tuskegee Army Air Field from the end of the war in September 1945 to its deactivation during the autumn of 1946 mention a number of medical personnel who transferred from Tuskegee to Godman or Lockbourne, and a few who returned to Tuskegee to maintain its shrinking medical capabilities as other physicians departed.

Four medical department members and three enlisted men arrived at Lockbourne on 4 March 1946. Capt. Don V. Estill, MC, the only physician in the group, worked with the others to prepare the physical plant of the base hospital for the full complement of officers and enlisted men. All medical personnel arrived by 14 March, and the hospital admitted its first patient the next day. At first, food for patients and staff—15 officers and 54 enlisted men—had to be brought in from the Consolidated Mess of the post. Then, "On 21 March 1946 the Hospital Mess began functioning, to the delight of everyone concerned" (13).

During this period (May 1946) the B-25 crash at Tuskegee claimed the life of Dr. Beguesse. When flying ceased at Tuskegee Army Air Field many medical department personnel and at least three flight surgeons, Drs. Copper, Coleman and Billingslea,

transferred to Godman Field before the 332nd moved to Lockbourne. Staffing of the new Medical Section—physicians, dental officers, nurses, administrators, medical technicians and other support personnel—began to take shape as men and women made their choice between reenlistment or separation from active duty.

The first listing of medical officers at Lockbourne, possibly incomplete, shows:

Maj. Vance H. Marchbanks, Jr.	Hospital Commander, Wing Surgeon
Capt. Richard E. Burch	Ward Officer, Attending Surgeon
Capt. John W. V. Cordice	Ward Medical Officer
Capt. Don V. Estill	Base Medical Inspector, Acting Veterinary Officer (an additional duty consisting mostly of food service and sanitary inspections)
Capt. William T. Yates	Flight surgeon
1/Lt Bryce C. Anthony	Chief, Outpatient Service, Laboratory Officer, Pharmacy Officer
1/Lt. John L. S. Holloman	VD Control Officer (14).

As the hospital developed its services, its staff grew from 50 to 143 members by June 1946, including 39 members of the Women's Army Corps (WACs) and five civilian administrative personnel. Capts. Yates and Burch were posted for separation from the service, and "the positions held by them have not as yet been filled because of the severe shortage of medical personnel" (10). Capt. Don V. Estill became Chief of the Outpatient Clinic, Capt. Arthur H. Coleman headed the Surgical Service and ward, and Capt. Edward H. Copper the General Medical Service and wards. Coleman and Copper had been flight surgeons at Tuskegee, but apparently did not work in aviation medicine at Lockbourne. Promoted to Captain, Bryce C. Anthony completed the eleven-week flight surgeon course at Randolph Field that spring and assumed command of the Flight Surgeon's Office.

The station hospital facilities rapidly assumed their full capabilities. A steam-generating unit behind the hospital heated radiators in each building. All floors were covered with linoleum. Each hospital building was repainted inside and out as the new medical staff settled in,

Originally authorized fifty beds, Lockbourne's cantonment-style hospital actually had only twenty beds on seven wards, an average of three beds per ward. Medical records name these wards as "four W-1, two W-2 and one W-8" without further explanation or description. Perhaps some of the space on the wards was used for clinics or offices. Services included a Dental Clinic for the three assigned dentists, an Outpatient Dispensary, and Eye, Ear, Nose and Throat Clinic, a Pharmacy, a Laboratory, an Operating Room and a Flight Surgeon's Unit. A medical report from March-July 1946 closes on a note of optimism:

The morale of the troops is relatively high, in spite of the fact that there is a shortage of personnel and the duty requirements are considered to be excessive but not as bad as two months ago. It is felt that, with additional qualified personnel, this condition can be eliminated (14, p. 36).

It was not to be. Within a year, Copper and Coleman separated from the service, as did many of the other physicians and staff members:

Among those who formerly served with the professional staff and are now in civilian practice are Capt. T.H. Pinckney, Washington, D.C.; Capt. G. F. Mussenden, Baltimore; Capt. J.L.S. Holloman, Xenia; Capt. W. T. Yates, Baton Rouge; Capt. R.E. Burch, Passiac; Capt. C.W. Brooks, Detroit; and Capt. J.R.V. Cordice, New York. Capt. Thomas H. Billingslea is on detached service with the 477th Composite Wing (14).

Almost all of the African American physicians—flying and non-flying—who had served with the Tuskegee Airmen during the war returned to civilian practices or entered residency training in 1945 and 1946. The accomplishments of these men in the following years exceed the scope of this study. We have mentioned a few of their contributions to American medicine and to the advancement of African American civil rights in some of their biographical sketches. At the end of demobilization, two African American flight surgeons remained on active duty in the U.S. Army Medical Corps: Major Vance H. Marchbanks, Jr. and Captain Bryce C. Anthony. Both were assigned to the 332nd Fighter Group.

Post-war medical regulations authorized one flight surgeon for a wing and two for a flying group. Marchbanks served double duty as station hospital commander and as wing surgeon on Col. Davis' staff. The 332nd had two flight surgeons authorized to provide squadron level aeromedical support, but Anthony was the only flight surgeon assigned directly to the flying squadrons. Although each of the three fighter squadrons was authorized a medical technician, no medics were assigned. Unit and base files reviewed at the U.S. Air Force Historical Research Agency do not include listings of the names or assignments of flying and non-flying physicians in periodic reports from the 332nd Fighter Wing or Lockbourne Air Force Base. General comments about wing personnel state that Bryce Anthony was promoted to temporary major in Oct 1948, and Vance Marchbanks soon attained the rank of lieutenant colonel. Based upon official and informal accounts, it appears that these two men provided all of the aeromedical support for the 332nd during its last eighteen months (12).

Demobilization and separation of experienced group personnel meant acquisition and training of new troops: positions that had been filled by veteran sergeants were now assigned to privates straight out of basic training. This held true for the 332nd as a whole and for its medical services. Unit reports for April-June 1948 note that many of these new troops were less than twenty years old, some with low service entry test scores. The reports link three indicators of lowered morale to these recruits' youthful inexperience and poor education.

- They had a low promotion rate, and those promoted tended to be only within the first three ranks; few reached the rank of sergeant.
- They had an increased number of court martial trials.
- They had an increased incidence of venereal disease. The final medical report from Lockbourne states tersely, "Medical educational efforts to lower the latter have not been successful (12).

1 July 1949: The USAF Medical Corps begins as the 332nd TFG disbands

As we have noted, when President Truman signed the National Security Act on 27 July 1947 separating the Air Force from the Army, the directive:

...omitted one essential provision. It failed to specify that the flying branch was to have its own medical service. So another long drawn-out controversy arose over the question whether the armed forces as a whole should combine their medical departments into a single professional organization or whether each ought to maintain a separate corps of specialists to deal with its own peculiar health problems.

The controversy was to linger on for another eighteen months or more and was to subside only when Secretary of Defense Louis Johnson issued an order to the Army, directing that it turn over to the Air Force that part of its medical staff and facilities which was primarily in support of aviation. The transfer was to take effect on 1 July 1949 (7, p. 129).

On 1 July 1949, the Army abolished the position of Air Surgeon and transferred 1182 physicians to the Air Force. Major General Malcolm Grow became the first Air Force Surgeon General, supervising a separate Medical Department. All but one active duty U.S. Army flight surgeons now became members of the U.S. Air Force Medical Corps. The single exception was Lt. Col. Rollie Harrison, who remained as the only flight surgeon at the army's helicopter training field at Fort Sill, Oklahoma (3).

And on that same July day, Truman's 1947 desegregation policy brought about the deactivation of the 332nd Tactical Fighter Wing, the only African American flying organization in the American armed services. The 332nd closed its proud history with a notable achievement. A team of Tuskegee fighter pilots, non-flying officers and enlisted aircraft technicians won first place honors in conventional (propeller-driven) fighter aircraft at an Air Force-wide competition at Nellis Air Force Base near Las Vegas, Nevada. Lockbourne received congratulatory messages from all echelons of command – Air Force, Tactical Air Command and Wing – and from proud civilian leaders in Ohio. (12).

As the 332nd furled its flags at Lockbourne, its personnel received orders to join USAF units around the world. Some of these African American troops were newly commissioned or enlisted in the Air Force and some, like Cols. Davis and Marchbanks were combat veterans with valuable experience to offer the Air Force as it moved into the Cold War. Many Tuskegee pilots, Daniel A. "Chappie" James among them, would distinguish themselves in the warmer portions of the Cold War: the Korean War that began in July 1950 and the war in Vietnam in the 1960s and early '70s. Col. Davis rose to the rank of Lieutenant General while on active duty, and was awarded his fourth star by President Bill Clinton.

What of the two remaining African American flight surgeons? Vance Marchbanks and Bryce Anthony received assignments to March Air Force Base near Riverside, California, reporting in September 1949. Both served as flight surgeons to the 22nd Bomb Wing, and both went with the 22nd to Okinawa for three months when the Korean War began in July 1950. Marchbanks logged three combat missions as an aeromedical observer. He also traveled to Korea during this time to visit Col. Davis,⁴¹

After returning to complete a two year tour in California, Marchbanks moved back to Lockbourne as hospital commander in 1951. The USAF Surgeon General, Major General Harry S. Armstrong, provided personal support to Marchbanks that his wife still remembers with pleasure and praise. When one of their daughters went to the post school with the other first graders, she was sent home the first day with instructions to register at an off-base county school. Col. Marchbanks went to that school with a photographer, took pictures of its pit privies, its basin of drinking water with attached dipper and its

⁴¹ Telephone interview with Mrs. Lois Gilkey Marchbanks, April 2005.

miserable classroom facilities, and sent them to Maj. Gen. Armstrong with a letter pointing out that the army had a legal requirement to provide adequate educational facilities for dependent children. Marchbanks' daughter and other African American children were rapidly reinstated in the post school. Mrs. Marchbanks tells of several other instances in which Armstrong provided immediate and effective support to Marchbanks in his efforts to bring proper medical and environmental conditions to the base.⁴²

After serving at several other Air Force Bases, Col. Marchbanks retired from the Air Force in 1963. Appendix II gives a detailed description of his contributions to aerospace medicine in the Air Force and in NASA during his long and productive career after World War II. We have been unable to trace Bryce C. Anthony's career in official records after his tour at March Air Force Base. Neither the Marchbanks family nor Anthony's childhood friend and fellow Tuskegee Airman Charles A. Dryden, Lt. Col., USAF (Ret.) have any information about his subsequent civilian career.⁴³

Concluding thoughts

This history of the Tuskegee flight surgeons has included some data gathered from personal and family recollections, newspaper records and Internet about the postwar activities and accomplishments of some of the other Tuskegee flight surgeons. The pattern of their lives is clear. Some were mature physicians who entered the Army from established medical practices. Younger doctors came directly from internships or residency training. All were intelligent, energetic men who overcame the same obstacles and shared the same aspirations as the pilots under their care. They were among the first African American professionals to work alongside their white counterparts. Good medical care was essential to military effectiveness, and segregation had no role in that mission.

After the war, these physicians became not only productive in their chosen professions, but also active in their communities. They founded hospitals and clinics, became leaders in medical education of other physicians and of African American laymen, undertook and published research projects, and became widely known and admired. In most available public records—retirement ceremonies, civic awards and obituaries—their service as Tuskegee flight surgeons is mentioned not as their outstanding accomplishment, but as an introduction to subsequent years of productive work. Collectively, these men represent an American story of perseverance and achievement in spite of adverse circumstances.

During the tenure of the author in the U.S. Air Force Medical Corps from 1956 through 1984, African Americans moved into all ranks and all positions. Formal segregation was banished. Informal discrimination continued for years, as exemplified by the Marchbanks family's experience during their second tour at Lockbourne after it was nominally integrated. Encounters of this sort gradually diminished, especially when the armed services established an active Social Actions program in the 1970s. The roles of women expanded within the military during the 1980s in a pattern not unlike the Double V concept. As they strove for active roles in all aspects of military service,

⁴² Telephone interview with Mrs. Lois Gilkey Marchbanks, April 2005.

⁴³ Interviewed by David R. Jones, April 2005 and February 2006)

women received rationalizations similar to ‘Negroes will never be able to fly’ that did not stand up to scrutiny, or to reality. The following examples from the author’s personal experience speak for themselves:

- ‘women can’t work on the flight line – the tool kits are too heavy for them to handle’
- ‘women can’t be flight surgeons – the pilots’ wives won’t want them to go on extended trips with their husbands’
- ‘women can’t fly fast jets – the men won’t accept them into fighter squadrons’
- ‘women can’t serve in combat zones – the American public will not stand for them being wounded or killed in action’

Since the U.S. armed services ended their policies of segregation, and later of gender discrimination, men and women of every race have served their country faithfully and well as comrades in arms in all circumstances, in all capacities and all ranks, in war and peace, judged on their merits, their characters and their accomplishments. ***Victory over there and victory over here***—the Double V sought by African Americans through the era of the Tuskegee Airmen and their Flight Surgeons from 1940 to 1949 and beyond that time to the present—has benefited us all.

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APPENDIX ONE

Los Angeles Chapter of the Negro Veterans Council of California, Sept. 11, 1940

RESOLUTION

WHEREAS, in this day when the need for national unity is paramount, and in order to create such unity it is necessary in our National Defense Program to enlist the support of every man, woman and child of every race and creed, in justice and in fair dealing, according to each person's individual and creative ability; and

WHEREAS, no national unity can be attained without fair and impartial consideration of the rights and privileges of the mass of loyal Negro citizens of this great nation; and

WHEREAS, loyalty to community, state and nation becomes our first line of defense in these trying days of international disruption; and

WHEREAS, history reveals the traditional and inherent trait of loyalty to country and flag by Negroes from the time of the Revolutionary War when Crispus Attucks fell in Boston Common in the year of 1770, and in all wars to the present instant; and

WHEREAS, in this day of peace-time training for national emergencies, and in this day of expansion of our Military, Naval and Air forces to provide adequate national defense, the Negro feels qualified to fit into every kind and type of defense program which will make this country safe from undemocratic domination; and

WHEREAS, through scholastic training, physical fitness and general ability the Negro is seeking the opportunity to serve and assume positions of leadership in the United States' Military, Naval and Air Corps programs solely upon his ability, when given equal opportunities to demonstrate his fitness for service; and

WHEREAS, specialized training in modern warfare provides qualified personnel for the various occupations and vocations in our civil lives, which privilege should not be denied Negro citizens;

NOW, therefore be it resolved, that we individually and collectively as former soldiers and sailors in the Service of the United States Army and Navy, both in peace and in war, ranking from private to field officer of regiment, do heartily and solemnly advocate and endorse an adequate National Defense Program based upon equal opportunity for all loyal citizens to serve in accordance with their individual abilities; and

BE IT FURTHER RESOLVED, that in this day when increased tolerance plays so great a part in our national unity program, ways and means should be provided for the acceptance of Negro citizens to serve in all branches of the United States Army, Navy, Air Corps and National Guard regiments of the several states; and

BE IT FURTHER RESOLVED, that the 9th and 10th United States Cavalry Regiments, the 24th and 25th United States Infantry Regiments, be immediately placed on a full active duty status with training and equipment to meet modern warfare conditions and be immediately recalled to

active duty strength in order to serve as combat units in accordance with the traditions of these regiments; and

BE IT FURTHER RESOLVED, that in general fairness to all citizens, regardless of race, color or creed, opportunities should be provided for training and service as officers in the United states Army, Navy and Air Corps in accordance with the abilities of those qualified for such service as demonstrated through open competition and without prejudice.

BE IT FURTHER RESOLVED, that a copy of these resolutions be sent to the President of the United States, the Senators and Representatives for the respective states of the United States, the departmental and national Conventions and encampments of the various Veterans' organizations.

This resolution adopted in regular meeting of the _____
on the ____ day of _____, 19____.

(organization)

By:_____

ATTEEST:

[Transcribed from a document in the
Manuscript Department, Moorland-Springan Research Center, Howard University]

APPENDIX TWO

FLIGHT SURGEONS AND AVIATION MEDICAL EXAMINERS SERVING WITH THE TUSKEGEE AIRMEN, 1941-49

1. **William K. Allen, M.D.**
2. **Harry Anderson, M.D.**
3. **Bryce B. Anthony, M.D.**
4. **Charles W. Brooks, M.D.**
5. **Reynolds E. Burch, M.D.**
6. **Arthur H. Coleman, M.D.**
7. **Edward H. Copper, M.D.**
8. **Maurice E. Johnson, M.D.**
9. **Arnold J. Maloney, M.D.**
10. **Vance H. Marchbanks, Jr., M.D.**
11. **George C. Page, M.D.**
12. **James P. Ramsey, M.D.**
13. **Elbert Brown Singleton, M.D.**
14. **Alfred E. Thomas, M.D.**
15. **Harold E. Thornell, M.D.**
16. **Leroy R. Weekes, M.D.**
17. **Bascom C. Waugh, M.D.**

APPENDIX THREE
Vance H. Marchbanks, Jr., M.D. Col USAF MC (Ret.)
Army Service Number O-379389

Vance H. Marchbanks, Jr. was born Jan. 12, 1905 at Fort Washakie, Wyoming, the son of Warrant Officer and Mrs. V. H. Marchbanks. His father served in the Army for 40 years including enlisted tours with the Medical Corps, with the 9th and 10th Cavalry regiments. He was on active duty during the Spanish American War as well as World War I. Later in his career, V. H. Marchbanks, Sr. served six years as a Warrant Officer, and retired in the rank of Captain. The young Vance Jr. traveled from one army post to another with his father and mother. He received his primary education in Essex Junction, Vermont; Chicago, Illinois; Washington, D.C. and graduated from high school at Tennessee State Normal School in Nashville in 1923. He earned his undergraduate degree at the University of Arizona.

His wife knew that Dr. Marchbanks was no stranger to racial discrimination. "He experienced it his whole life," Mrs. Lois Gilkey Marchbanks said in an interview years later. "When he was an undergraduate at the University of Arizona...he was not permitted to live in a dormitory." Once, when freshmen were told to wear their beanies and report to a meeting, "He was told that his presence was not required," she said. Because of the color of his skin, he was forced to live in a boarding house off campus and the only place he was permitted to eat was at a restaurant at the local railroad station, and he had to enter it through the back door. Once, his wife said, someone put a cockroach in his soup.

During his sophomore year in college, Marchbanks received an appointment from President Calvin Coolidge as an at-large competitor for entry into the U.S. Military Academy at West Point. After being rejected by examiners in El Paso in late 1926, he re-applied and was once more rejected by examiners in San Francisco, on the basis of age⁴⁴

Marchbanks acquired a passion for medicine after receiving an operation when he was a boy. He said he used to go into his back yard and "operate" on cherries, opening them up, removing the stone, and then "sewing" them up again. When he graduated from the University of Arizona in 1933, he went on to receive his M.D. degree in 1937 from the Howard University College of Medicine, Washington, DC. He spent two additional years at Howard as an Assistant Resident in Medicine before joining the staff of the U.S. Veterans Hospital in Tuskegee, Alabama.

Dr. Marchbanks received his commission as a First Lieutenant in the Army Medical Corps Reserves on 8 May 1939. In March 1940, a general request for active duty training went out to all Medical Corps Reserve Officers from Third Military Area Headquarters in New Orleans. Vance H. Marchbanks, Jr., M.D., and Richard Allen Wilson, M.D., both first lieutenants in the U.S. Army Medical Corps Reserves and on the staff of the Tuskegee VA Hospital, responded to this request. The Army refused their volunteer letters, both at the level of the Fourth Army, Third Military Area and by the U. S. Army Adjutant's office in Washington, D.C. on the grounds of "limited training facilities for colored Reserve Officers."

Upon receiving this letter of refusal, Marchbanks wrote to a family friend, Charles H. Houston, Assistant Dean of the Howard University School of Law and a counsel for the National Association for the Advancement of Colored People⁴⁵:

Dear Dr. Houston,

9/3/40

⁴⁴ Un-paginated clipping, *The St. Louis Argus*, 15 Oct 1926; additional typed, undated data from Manuscript Dept, Moorland-Springarn Research Center, Howard University.

⁴⁵ Data on Dean Houston downloaded from <http://www.toptags.com/aama/bio/men/chouston.htm>, 1 Feb 05)

I am on the staff here [Tuskegee Veterans Hospital] as an associate physician, and have been since June 1, 1940.

I am sending you some letters [referenced in the paragraph above] that may interest you. Please note that there are two sets, one to me and another to Dr. Wilson, one of the other doctors here. We were both refused summer active duty.

Mother and Dad are living in Los Angeles now. Make sure to look us up if you come this way.

I was talking with B.O. Davis and he advised me not to make this a public issue about their actions toward us. I am not afraid of them. I have a job but if I could get called I would take it because you know my relationship with the Army.

Give my regards to your family.

As ever,

Vance Jr.

(Correspondence and attachments from the Manuscript Department, Moreland-Springarn Research Center, Howard University)

A week later, Marchbanks's father, retired from the Army and a member of the Los Angeles Chapter of the Negro Veterans Council of California, also wrote Dean Houston. His letter reveals the sentiments of the times. The Chapter proposed a resolution that African American citizens be included in all aspects of national defense, including the activation of specific black infantry and cavalry regiments. Marchbanks wrote:

Dear Charlie,

9/11/40

The Negro Veterans Council of California met last Monday night and decided to give you the go ahead signal in regard to the Resolution. You should receive official confirmation from the Council soon.

In submitting the Resolution, I hope you will stress the fact that we should by all means have Negro Doctors and Dentice [*sic*], because we have competent men in these professions...

We might have Dentice and Medical Doctors but no politician would ever work for them. ... I want to see you do well. I did not do so well simply because I did not have sufficient education. I realized that fast and I tried to give my son all the education he was able to absorb.

With kindest regards to your mother and father, and those in your office I know, I am very sincerely yours,

/s/ Vance

Vance H. Marchbanks, Captain U.S. Army, Retired ⁴⁶

Lt. B.O. Davis, Jr. was teaching in the Civil Aviation Administration's civilian pilot training program at the Tuskegee Institute, near the VA Hospital grounds where Dr. Marchbanks worked. Mrs. Marchbanks recalls that Davis encouraged her husband to persist in his efforts to enter active duty in the Fourth Army area. Marchbanks succeeded, and on 15 April 1941 he moved to Fort Bragg, North Carolina to become Battalion Surgeon for the 16th Battalion, 5th Regiment of the Field Artillery Replacement Training Center. His wife remained in Tuskegee.

⁴⁶ Correspondence from the Manuscript Department, Moreland-Springarn Research Center, Howard University.

He went on to serve as Ward Officer in Section II (the African American ward) of the Fort Bragg Station Hospital until 20 March 1942. From 1 May–1 June 1942 he attended a course in military neuropsychiatry at the Army Medical Center in Washington, D.C. on detached service status (now called Temporary Duty, or TDY).

Upon his return to Fort Bragg on 1 June 1942, 1/Lt Marchbanks immediately went on detached duty to the 66th Field Training Detachment, Tuskegee AAF Flying School. Reunited with his wife, he could now serve on active duty as physician to the cadets in training there under their commandant, Lt. Davis. “It was a whole new field, full of glamour, but, of course, without thoughts of space,” Marchbanks recalled later. After completing the correspondence course from the School of Aviation Medicine late in 1942, he received the rating of Aviation Medical Examiner and a permanent assignment at Tuskegee.

Almost immediately, Marchbanks moved with the 302nd Fighter Squadron as it transferred from Alabama to Michigan where Davis, now a lieutenant colonel in command of the 332nd Fighter Group, appointed him Group Surgeon. After their combat tour in Italy from early 1944 through July 1945, Davis and Marchbanks returned to Godman Field, Kentucky. The Tuskegee Airmen moved to Lockbourne Army Air Field, Ohio, the next year. When the 332nd disbanded at Lockbourne AFB in July 1949, Marchbanks transferred to March AFB, California as an Air Force flight surgeon to the 22nd Bomb Wing there.

Colonel Marchbanks logged more than fourteen hundred hours of flying time. He accompanied the 22nd to Okinawa during the Korean War, flying combat missions with his bomber crews as an aeromedical observer. After completing his tour at March he returned to Lockbourne AFB and ended his career at Loring AFB, Maine. Among his many honors, Marchbanks received two Air Force Commendation medals for research projects. One was for the design of an oxygen mask tester that became a standard item on air base equipment. The other was for his work with B-52 crews, which included participation in the first airborne Strategic Air Command alert and a 22 1/2-hour flight, during which he tested the B-52 crew for signs of stress (1,2). He later extended his research to pilots of high-performance jet aircraft (3). The stress tests and rating system he developed were used in crew examinations and later in astronaut training.

His prominence in the field of space medicine eventually led to his appointment by NASA as chief flight surgeon to astronaut John Glenn. During his “Friendship 7” Mercury Mission on February 20, 1962, Glenn orbited the earth three times. During this mission, the first American space orbit, Marchbanks monitored the astronaut’s respiration, pulse, temperature and heartbeat from a base in Kano, Nigeria. Marchbanks was also responsible for making sure that Glenn did not experience evidence of severe physical stress that might cause the mission to be aborted.

In preparation for Glenn’s triple orbit, Dr. Marchbanks, on loan to NASA from the Air Force, was assigned for several months to a tracking station in Kano, Nigeria. Finding that medical texts were scarce in Nigeria, he contacted medical schools and publishers in the United States and collected more than 200 books. “We collected books for months -- any kind of books,” Mrs. Marchbanks later recalled. A soft-spoken man, Dr. Marchbanks downplayed his role in the John Glenn mission. “We talked about those flights for two years and I worked on the chimp flight and the empty capsule orbit also,” he said. “When he was up there, it was just routine for us. We’d been practicing and practicing. I’d studied his EKG for over a year. I hardly realized it was over until it was all over. It was like playing in a game and not realizing you had won until the end” (Courant).

Marchbanks retired from the Air Force at George AFB, California in 1964 in the rank of colonel. He accepted a position in Hartford, Connecticut supervising Hamilton Standard’s development

of a moon suit and backpack that were eventually used in the Apollo space missions. During his retirement years, his association with the Tuskegee Airmen led him to research regarding a longstanding U.S. military policy that he regarded as discriminatory, one that had ended the careers of many young black aviation cadets. Marchbanks and other African American flight surgeons studied the effects of sickle cell trait and sickle cell disease, inherited red blood cell conditions primarily affecting people of African and Mediterranean descent. In the United States, 72,000 blacks are estimated to have the disease. About one in 12 black Americans may carry one gene for sickle cell anemia, though only those with two “trait” genes, one from each parent, have full-blown sickle cell disease. Until the 1970s, if the military found the genetic trait for sickle cell in the blood of healthy military academy cadets or applicants for aviation training, they were disqualified as medically unfit. In a three-year study, Dr. Marchbanks drew blood from black airmen he had known during World War II, pilots who had flown fighter planes in training and in combat for several years without difficulty. These pilots had served before sickle cell trait became a disqualifying finding. His results, presented in a paper called “Sickle Cell Trait and the Black Airman,” helped to convince the military that people who carried the trait did not necessarily develop the deadly anemia; neither did flying at high altitude cause them any symptoms affecting operational effectiveness or flying safety. The military services ultimately ended the practice of discharging men who had the trait.

Dr. Marchbanks died in 1988 at the age of 83.

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(With Herbert F. Gretz, Jr., Capt, USAF, MC and Dudley B.Houle, Capt, USAF, MC)

"Progressive bacterial synergistic symbiotic gangrene, a complication of cesarean section."

In addition to the footnoted sources in the main text, data for this biographical sketch were compiled data received from Ms. Roslyn Marchbanks-Robinson, Mrs. Lois Gilkey Marchbanks, and from:

1. <http://courant.ctnow.com/projects/bhistory/marchban.htm>
2. Home/Profiles/Links/ctnow.com, © 1999 The Hartford Courant
3. <http://www.newcommunity.org/clarion/may99/articles/p8-1.html>

APPENDIX FOUR

The Selective Service, the Army and venereal diseases during World War II

Troops entered the armed forces during the World War II era either by voluntarily enlisting or by being involuntarily drafted. Many men who volunteered for military duty chose to enter the Army Air Forces. The AAF had higher physical and mental health standards, and thus through a mutual selection process acquired men of higher capabilities than the army's Ground and Service Forces. As a result, President Roosevelt stopped all voluntary enlistments in 1942 to avoid the disparity in the quality of the troops between the various services. From that point on the Selective Service ("Draft Board") allocated all inductees – draftees and volunteers alike – to the army and navy by quotas rather than by preferences of individuals. One of the effects of this change was to increase the likelihood that the Air Forces would receive a new enlistee who had a venereal disease (3, pp. 2-3).

One may find concerns about venereal disorders (VD) in military medical records of all nations and all wars. The classic quintet of syphilis, gonorrhea, granuloma inguinale, lymphogranuloma and chancroid that concerned Medical Corps officers in World War II (1, p. 11) have in recent years been joined by Chlamydial infections, herpes simplex and Acquired Immunological Depressant Syndrome (AIDS) in the group of diseases now termed 'sexually transmitted diseases.'

Evidence of active tuberculosis (TB) or primary, secondary or tertiary syphilis (defined below) disqualified a man for military service, as did any evidence of a neuropsychiatric disorder. Each volunteer or draftee received a routine blood test for syphilis and a chest x-ray to detect TB as part of his entrance physical examination. If subsequent treatment alleviated the disqualifying condition, the man could then be accepted into the service. As demands for more military manpower grew to 12,000 per month from a pool of 17 million registrants late in 1943, medical standards became less stringent (3, pp. 5-9).

A presumptive diagnosis of gonorrhea was easily made during examination by the presence of an irritating greenish-yellow mucopurulent penile discharge, and the presence of gonococcal bacteria could quickly be confirmed by microscopic examination of the exudate. One of the sulfa drugs (sulfanilamide, sulfadiazine, sulfathiazole and others), introduced in the mid-1930s, could be taken in tablet form for a week or so to treat gonorrhea.

Syphilis, known to medical students for over a century as "the great imitator" because of its many presentations, was a more complex problem. Primary syphilis, an inflammatory sore at the site of entry into the body, could be seen for a week or so after its acquisition. In the natural course of the ailment, the sore would heal and disappear whether treated or not. This meant that whatever salve, ointment or potion the individual had applied might be credited with success. The infection now was latent and could be detected only by a blood sample, a serologic test for syphilis (STS). The latent period would last for a variable period – weeks, months – before the secondary phase became apparent as a rash over much or all of the body. This, too, might well disappear spontaneously with or without treatment, and again the infection could be diagnosed only by careful history (about which many might lie) or by the STS.

Tertiary syphilis might appear from a few months to many years later. Bones, connective tissue and skin could be destroyed by necrosis (death and dissolution of the flesh) that was terribly and unmistakably identifiable. A caseating (cheese-like) tumor known as a gumma could develop in any internal organ. Gummae within the closed space of the skull had devastating effects on the brain. A syphilitic inflammatory process anywhere in the central

nervous system – the brain and the spinal cord – might result in general paresis with paralysis, paranoia or other psychotic symptoms, blindness and insanity. Tertiary syphilis of any sort generally led to a very unpleasant and drawn-out death. To add to the misery, a woman who became pregnant during any stage of syphilis might give birth to a baby with congenital syphilis. The unfortunate child would suffer from lifelong ravages and visible effects.

During the early years of the war, syphilis was disqualifying until successfully treated. When a draftee tested positive by STS for syphilis, the examining physician had to perform a needle extraction of cerebrospinal fluid from his lower back--a spinal tap--to demonstrate the presence or absence of any central nervous system syphilis, which was permanently disqualifying. Primary or secondary syphilis in a draftee was disqualifying for military duty until successfully treated by his civilian physician. The military left it up to the disqualified draftee to accomplish this time-consuming and expensive treatment, which a man might well delay or avoid if he had little appetite for military service. With 15-20% of all draftees being disqualified because of a positive STS during the first year of the war, the Selective Service adopted a new policy on 9 January 1943. Each draftee with a positive STS would receive his spinal tap from a military facility rather than a civilian examining center, thus relieving these busy doctors of a considerable workload. (One must remember that many smaller communities had seen their younger doctors go off to war, and the remaining physicians were stretched thin indeed.) The spinal taps were done in a military medical facility before the man was inducted into the service, a process that thereby allowed the military to release them without having to treat them or formally discharge them from the service (4, p. 148).

In short, syphilis was a major health problem in the American population, including potential draftees. Arsenicals – arsenic-based medications such as Salvarsan, given in multiple and painful injections – had been in use since the early 20th century, with fairly good therapeutic effects. However, its administration could require hospitalization for two weeks or more. Penicillin, discovered by Alexander Fleming in the 1930s but not widely available until 1943, finally allowed a faster and more effective therapy that could be given on an outpatient basis.

Within the active duty flying population, not only gonorrhea but also its treatment had profound aeromedical consequences. On 19 November 1942, Air Surgeon David N. W. Grant addressed a problem peculiar to pilots: the effects of arsenical and sulfa drugs in the aviation milieu. Arsenicals required that the pilots be grounded for prolonged periods. Although sulfa drugs could be effective against gonorrhea, their side effects could diminish the capacity of the blood to transport oxygen, along with some other adverse physiological consequences. This made them incompatible with safe flight. To avoid grounding, pilots might take sulfa without notifying their flight surgeons. General Grant knew that this was not a theoretical matter: at the time, civilian doctors in Savannah, Georgia were treating more soldiers with VD from nearby Hunter Army Air Field than were the station physicians (4, p. 142).

The first step in reducing VD was to prevent soldiers and airmen from getting them. An obvious first step would be to persuade or order soldiers not to have intercourse except within marriage. Ardent appeals by commanders and chaplains to the moral codes and common sense of their troops had never been effective in previous wars, did not work in World War II, and have not worked since that time. The next step might have been to provide military brothels under medical surveillance for VD in the prostitutes and bar girls, a process that has proved reasonably effective in some military situations. American national morality would not stand for that approach, although in a few distant locations some commanders acceded to this process ‘off the record.’

The military adopted a third approach: education (usually accompanied by some moralizing) in preventive measures before and after intercourse:

The responsibility for venereal disease control rests on unit commanders. The surgeon will initiate and supervise, and commanding officers will put into effect measures designed to prevent the occurrence of venereal diseases.

The specific objectives of these measures will be the reduction of venereal exposures, the routine use of prophylactic methods during and following possible exposures to venereal infection, cooperation with agencies charged with eliminating civilian sources of infection, education of personnel under military control with reference to the prevention of venereal disease, and early segregation and prompt treatment of venereal cases. Appropriate records will be kept to show the venereal disease rate in the command, and the days lost from duty because of venereal disease (1, pp. 11-12).

The Medical Department made line and paragraph changes to this regulation throughout the war, collecting them into a revised regulation just before V-E Day. One indication of the change brought about by penicillin was the revision of the next-to-last sentence from "early *segregation* and treatment" to "early *detection* and *prompt* treatment" (2, p. 11, emphasis added). New and effective therapy meant that men no longer had to be hospitalized for arsenical injections, but could receive penicillin as outpatients. Days lost from duty because of VD plummeted, and many hospitals closed their VD wards. Changes between the 1942 and 1945 regulations demonstrate the manpower benefits from *requiring* doctors to treat VD with patients in hospitals or on working quarantine status to *allow a choice* of inpatient, outpatient or duty status on an individual basis.

Another indication of growing realism toward the problem was the matter of disciplinary action. During much of the war, a soldier absent from duty because of VD incurred through his own misconduct was deprived of pay and allowances for the period of such absence (1, p. 13). Although a commander retained power of court martial or other disciplinary action for failure of a soldier to report symptoms of VD, a paragraph was added in 1945 specifying what a commander *could no longer do*:

Persons in the military service will not be subject to trial by court martial or other disciplinary action upon charges of having failed to take prophylaxis after illicit sexual intercourse, of having contracted venereal disease, or having become incapacitated for duty. The only disciplinary action in connection with venereal disease is that provided in (1) above [i.e., not reporting the symptoms] (2, p. 13).

Official reports written ten years after the war state:

The venereal disease rates of Negro soldiers [were] consistently 8 to 12 times higher than the rate among white soldiers. It became evident early in the war that venereal disease control measures and educational efforts directed mainly toward white soldiers had little effect upon Negro troops. Various expedients were tried or suggested in early 1943 with singular lack of success (4, p. 188).

The Army Surgeon General convened a conference in Washington on 5 October 1943 with key white and black medical leaders from military and civilian agencies. By that time the black military VD rate was 152 per thousand per year, threatening a serious degradation of their effectiveness in the service due to time lost from duty and hospital bed utilization – 730,000 bed-days in 1943, representing 60,000 cases of VD, including 15,000 soldiers with syphilis. "This rate is so high that it may result in material interference with the full military utilization of Negro troops." The rate of syphilis, 30 per 1000 men per year, led to an estimate of 700,000 bed days

required each year for the mandatory course of in-patient therapy, "...throwing a very considerable burden on the Medical Department." The authors went on to state that these numbers applied only to cases in the continental U.S., some of which had been acquired before induction into military service (4, p. 189).

Reasons given for the disparity between VD rates in black and white troops included:

1. Low educational level, evidenced by illiteracy rates and lack of general understanding of health-related subjects.
2. Inadequate control of prostitution in black communities.
3. Reluctance to address the issue of VD in black communities directly.
4. Lack of adequate recreational facilities for black troops.
5. Lack of an adequate military educational program regarding VD.
6. A defeatist attitude among commanding officers regarding VD preventive measures (4, pp. 189-90).

Recommendations to prevent VD among African American troops included an emphasis on the contributions of their commanders and medical officers in providing education, recreational facilities, the repression of prostitution through off-limits postings and cooperation with civil authorities, and through the establishment of prophylactic stations on and off base. These decisions led to the publication of War Department Circular No. 88, Venereal disease control among Negro troops, dated 28 February 1944. Despite vigorous efforts from all authorities, the program failed – except at Tuskegee and at Fort Huachuca, Arizona. The observant reader will note that these two installations were almost completely African American.

The overall failure to improve African American VD statistics appears to have come from segregated units with white commanders and medical officers. Authorities interpreted the low rates at Tuskegee and Ft. Huachuca as evidence that local VD control measures could succeed if carried out by "...superior Negro medical officers, backed by strong command support...and educational media, religious appeals, competitions, and the development of venereal control officers among noncommissioned officers" (4, pp. 162-3).

Prophylaxis

Throughout history, human nature has proven stronger than any societal effort to control sexual intercourse in a population. "The provision of prophylaxis against venereal disease through prophylactic stations and the sale of prophylactic materials at post exchanges had been an accepted Army control procedure for years preceding World War II...the composition and quality of the material to be prescribed by the commanding officer upon the recommendation of the surgeon" (4, p. 196). This policy came under intermittent criticism from some religious and civilian organizations as inviting or condoning promiscuity and being inconsistent with educational and moral stances involving education and abstinence. In reply to such comments, the Army Surgeon General assured the critics that the Army agreed with their beliefs, but had found that in spite of all efforts, "an unknown proportion of men will expose themselves to the hazards of venereal contagion." To protect these men, the Army had determined that:

...poolrooms, filling stations, etc. will frequently sell articles of inferior quality," and thus it was necessary to make rubber condoms and prophylactic kits available at a reasonable price in post exchanges. However, to avoid any inference that the military endorsed promiscuity or birth control, "No soldier is forced by regulations or orders to use these measures, *nor does the Army issue any type of individual prophylactic.*" (4, p. 197ff., emphasis added). Citing civilian medical research, the Army required periodic instruction of all troops in venereal matters by commanders, medical officers and chaplains.

The reader may be familiar with rubber condoms, but prophylactic (“pro”) stations and kits are no longer a part of American culture. Calomel ointment (mercuric chloride) had long been used as a protection against syphilis, but provided no barrier to gonorrhea or other diseases. Research in 1942 indicated that 0.25% silver picrate jelly would provide such protection, and this was quickly included in a personal kit for purchase in the exchanges. Each kit contained the jelly, a tube of calomel, a soap-impregnated cloth and an instruction sheet. However, these kits proved to be too irritating for use and were withdrawn. Further refinement led to the PRO-KIT:

The PRO-KIT combining sulfadiazole and calomel in a nonirritating, non-greasy ointment base was the final product of an intensive, coordinated research effort by the Army, the National Research Council, the Food and Drug Administration and the Warner Institute for Medical Research. Initially, early in 1943, a combined sulfanilamide-calomel ointment of uncertain composition was developed in Liberia by Capt. (later Lt. Col.) Thomas G. Faison, MC [and submitted to the Surgeon General on 19 April 1943 for further testing] (4, p. 200).

After refinements of the formula, field tests in several locations proved the value of this approach. Only 27 infections occurred after 16,537 prophylactic applications – 0.16 percent. Further, the product “enjoyed wide acceptance” among the men using it, and “a 300 percent increase in prophylactic rates was reported.” The advantages of the PRO-KIT included its being quick and simple to use. Contained in a single tube instead of two tubes, it did not burn the urethra when inserted, and it did not stain clothing. The kits proved more satisfactory than issuing oral sulfa tablets, a procedure which led to misuse of the pills for other purposes such as bartering with civilians.

The Surgeon General approved PRO-KITs for sale in Post Exchanges throughout the army on 18 April 1944. Later, the army authorized commanding officers to purchase PRO-KITs with company funds for their troops, and finally the kits entered Medical Department supply channels for free distribution upon request. Judged to be a successful prophylactic agent, these small tubes were “the most important venereal disease prevention measure developed during the war,” (4, pp.200-201).

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NOTE

Information from the U.S Air Force Historical Research Agency, Maxwell Air Force Base, Alabama concerning numbered units [e.g., 332nd Fighter Group] may be found in file boxes such as WG-62-HI (FTR), WG-306-HI-(FTR), GP-477-HI, GP-332-HI, GP-33-HI, GP-27-HI, GP-79-HI, GP-335-HI (Composite), SQ-99-HI (FTR), SQ-100-HI-(FTR). WG refers to Wing, GP to Group and SQ to Squadron. The digits are the Group or Squadron numbers, and HI indicates “History.” Number, name of file boxes and dates covered by the file or by the date on which the item was written, identify specific file folders within the file boxes.

Files concerning named locations rather than numbered units may be found under the name of the post, base or airfield [e.g., Lockbourne, Tuskegee, Walterboro].

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Timeline summary of the 99th Fighter Squadron:

1941	19 Mar	Cadre activates at Chanute Field, Illinois
	Nov	Cadre transfers to Tuskegee, Alabama
1942	7 Mar	Receives first five Tuskegee pilot graduates
	15 May	Renamed the 99 th Fighter Squadron
	Sep	Successive classes of Tuskegee graduates bring 99 th to full strength
1943	22 Mar	Squadron receives orders to deploy
	2 Apr	Leaves Tuskegee by rail for Camp Shanks, NY
	15 Apr	Leaves NY on <i>USS Mariposa</i>
	29 Apr	Arrives at Casablanca, Morocco
	1 May	Travels by train to base in Ouez N'Ja, Morocco, to fly training missions. Later, transfers to Faudjoura, Morocco and is attached to 33 rd Fighter Group for combat operations
	15 June	After fall of Pantelleria, attached to 324 th fighter group at El Haouria, Algeria. Deploy to Licata, Sicily. Reattached to 33 rd Fighter Group, then assigned to 79 th Fighter Group.
	7 Oct	Deploys with 79 th to Foggia, Italy.
	19 Nov	Moves with 79 th to Madna, Italy.
1944	Apr	Moves to Cerola, Italy. Assigned to 324 th Fighter Group
	30 Jun	Assigned to 332 nd Fighter Group in Italy. Moves to Orbetello Air Base and then to Ramitelli Air Base.

History of the 99th Fighter Squadron after June 1944 is included with that of the 332nd Fighter Group.

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ABOUT THE AUTHORS

David Randolph Jones, M.D., M.P.H., a former Chief Flight Surgeon - Psychiatrist with combat experience in Vietnam with the 14th Air Commando Wing, retired from the U.S. Air Force Medical Corps (1956 - 84) in the rank of Colonel. During his career he commanded three flight surgeons' offices, a USAF dispensary, a 36-bed air transportable hospital and a 50-bed base hospital. As a fighter squadron flight surgeon, he accompanied several NATO deployments to Europe as well as combat deployments to Puerto Rico (1965) and to Vietnam (1966-67). He is a long-time member of the History and Archives Committee of the Aerospace Medical Association and former editor (1987 – 1996) of *Aviation, Space & Environmental Medicine*. Dr. Jones is retired from clinical practice, consultation, teaching and research in aerospace medicine and psychiatry.

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Roslyn Marchbanks-Robinson is the daughter of Flight Surgeon Vance H. Marchbanks, Jr. She has actively served on the Executive Board, East Coast Chapter, Tuskegee Airmen, Inc. (TAI) for the past 10 years and is the Editor of the Chapter newsletter and Contributing Editor to the TAI National newsletter. She also founded the TAI Heritage Group, the daughters and sons of Original Tuskegee Airmen. Ms. Marchbanks-Robinson is a Certified Mediator with the Commonwealth of Virginia.

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